

The silent companions

Ben Alderson-Day considers explanations for 'feelings of presence'



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The Psychologist app provides our readers with an improved way of accessing our content on smartphone and tablet. Our monthly edition is joined by the occasional 'special'. Users are able to download editions for offline reading, search, share, and add content to a personal scrapbook. We hope to improve and add to the app in future, but it is designed with current resources in mind.

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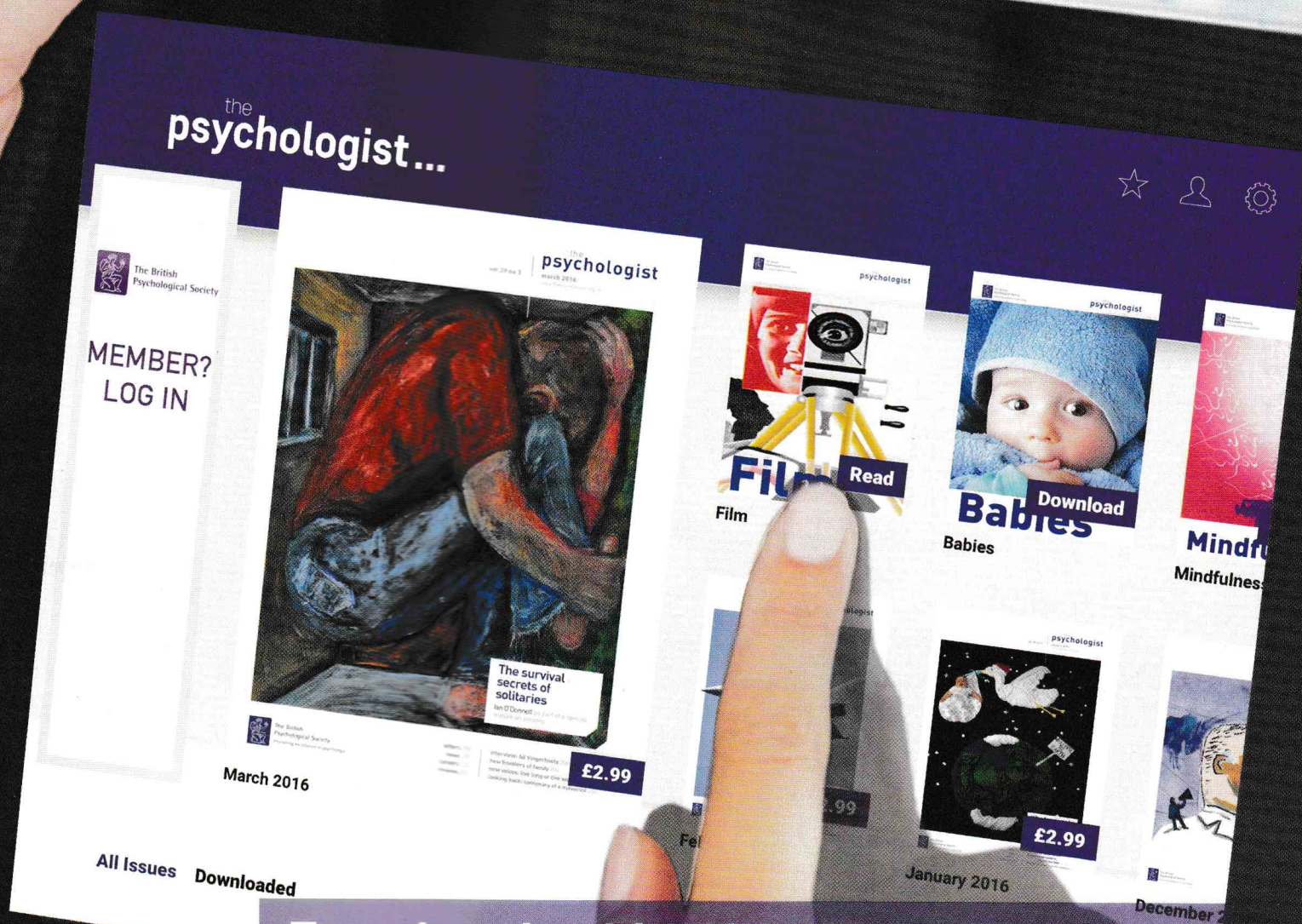
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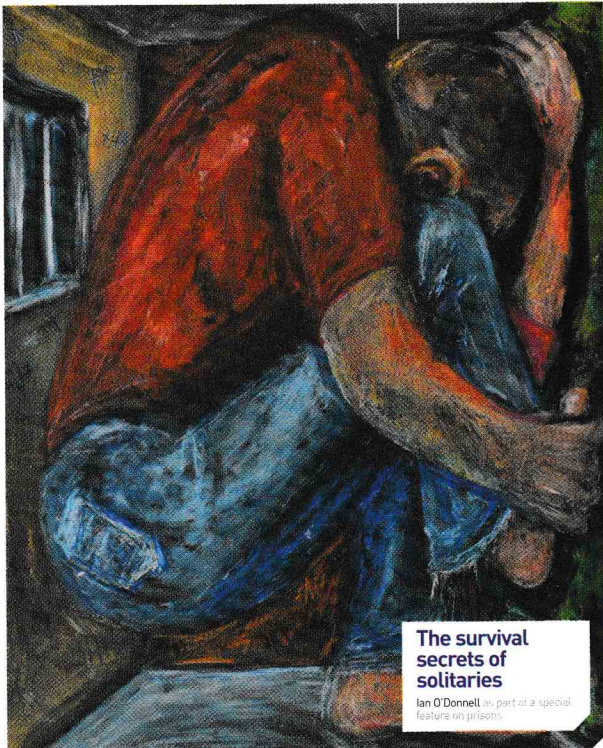
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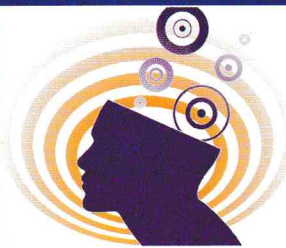
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Your brain treats LEGO people as if they're alive



Participants were especially good at spotting scene changes that involved LEGO people. Image from LaPointe et al.

Our brains are wired such that we pay extra attention to anything that seems to be alive. This makes sense from an evolutionary point of view – after all, other living things might be about to eat us, or maybe we could

development

Around 1800 of you completed the recent *Psychologist* and Digest readership survey, and we are very grateful for your views. It has been so useful to compare the results with those of 2008 and 2011, and we are still mining the 700+ free text comments for suggestions.

The overall picture was positive. More than 80 per cent of respondents felt *The Psychologist* fulfils its primary function as a forum for discussion, debate and the dissemination of a knowledge of psychology, and there has been a noticeable shift over the years from 'agree' to 'strongly agree' on that question. Three quarters of the sample felt that *The Psychologist* is an engaging publication, again with a shift over the years to 'strongly agree'. The same pattern, to an even greater extent, was to be found in response to 'The *Psychologist* is an informative publication', and one that 'our learned, professional Society can be proud of'.

More than 60 per cent are still keeping *The Psychologist* as a resource to refer back to, but a similar figure either 'never' or 'rarely' visit the *Psychologist* website. More than half are not accessing the Society's free Research Digest service. The Digest reaches a huge and international audience, far more than any other Society publication, so do have a look at www.bps.org.uk/digest to see what you're missing, including the PsychCrunch podcast!

One of the main reasons for conducting the survey was to assess the potential response to a quite major shift – moving to a quarterly print edition, in order to distinguish it from our increasing online offerings, and shift some resources in that direction while hopefully providing a richer and more luxurious reading experience. More than 22 per cent said you would be very satisfied with such a change, with 38.5 per cent satisfied. Nearly a quarter reported indifference, with 11 per cent dissatisfied and 5 per cent very dissatisfied about the prospect. We found those results encouraging, but on further discussion at the *Psychologist* and Digest Editorial Advisory Committee the general feeling was that such a dramatic change was too risky at this time. A main danger could be that we lose a lot of the diversity – news, views, reviews – that has perhaps served us well in recent years. Nevertheless, publishing is a rapidly changing environment, and there is no doubt we need to make best use of our various channels, so we will keep this under review.

The comments at the end of the survey were diverse, thoughtful and fascinating. Where specific topics and

authors were suggested, we are generally following these up. A couple of respondents, quite rightly, bemoaned the state of our book reviews. This is something we have always struggled with, and we are now seeking your help – see p.317.

Some felt that *The Psychologist* surely must cost a lot to produce, and that they could get a reduction in the Society membership fee if the paper version was to stop, either on an individual basis or altogether. Unfortunately it doesn't work like that... once print advertising revenue is taken into account, *The Psychologist* is not an expensive publication, and the marginal cost of each copy beyond an initial print set up is minimal. Having said that, the future may well be about devices: we have tried to stay abreast of those developments in recent years, and have now launched our app (see opening spread).

Several commenters were keen to see more from overseas authors, and pieces on psychology in different countries. We agree, and will be seeking more input from our (recently expanded) international panel.

One of the most interesting (and rewarding) comments was 'I find *The Psychologist* a little too much like a magazine rather than a journal'. Good! We are likely to make further steps in this direction in the coming years. In particular, we are analysing all the feedback relating to design and layout, in order to consider a major redesign. The last one was 2008, so we're probably due.

Occasionally we will receive comments that a particular area of psychology is underrepresented, and the response is always the same – get in touch! You shape *The Psychologist*, and we are always here to listen.

Thank you once again to all those who took the time to respond. Whether you love or hate *The Psychologist*, perhaps you appreciate that we have never been happy to stand still. The last few years have seen greatly increased content and a widening of the 'brand' to a new website, live events, podcast, app and more. We would like to keep up that pace of development and hopefully improvement. Your support is essential to that.

Dr Jon Sutton

Managing Editor

jon.sutton@bps.org.uk

Dr Catherine Loveday

Chair

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Contact

The British Psychological Society
St Andrews House
48 Princess Road East
Leicester LE1 7DR
0116 254 9568
mail@bps.org.uk
www.bps.org.uk

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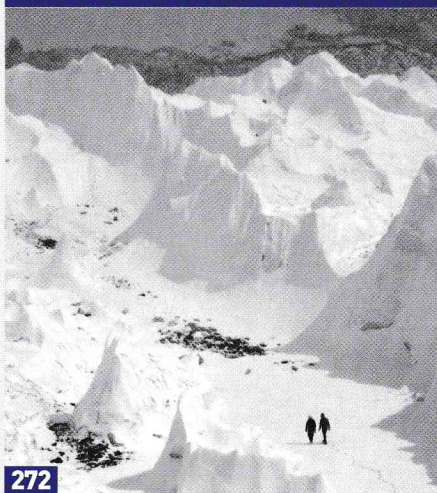
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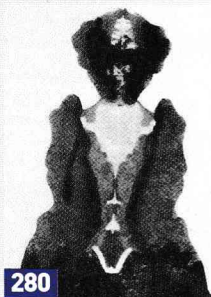
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Four years ago

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the issue

Ben Alderson-Day's fascinating article on feelings of presence (see p.272) provides my monthly tortured segue, this time into a consideration of you readers as 'the silent companions'.

Sometimes on *The Psychologist* it can feel like we're shouting into the void, so over the last few months it has been comforting to hear a response. First, around 1800 of you completed our readership survey... still a small percentage of the Society membership, but plenty of food for thought. On the previous spread I report on the findings and what we are doing to address some of them.

Then in February we launched *The Psychologist* app (see inside front cover), and after all that work it was so rewarding to see that thousands of you were downloading it. It's designed to fit with our existing systems and resources, and mostly with Society members in mind, so please do grab it, review and rate in the stores, share it and let us know what you think. I know you're there: don't be silent! Our development – print and digital – is driven by your voices.

Dr Jon Sutton

Managing Editor @psychmag



Big picture

centre-page pull-out

'H.M.' and procedural memory: words by artist **Kerry Tribe** for a Wellcome Collection installation

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Boarding school syndrome

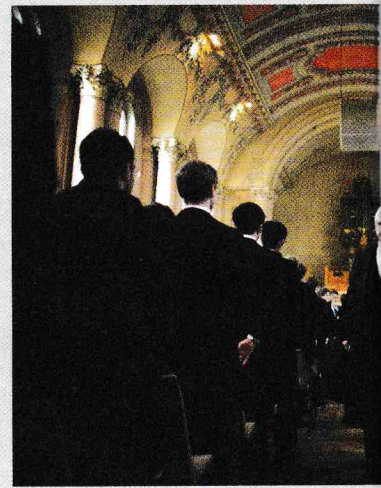
The BBC's lavish new television production of John Le Carré's *The Night Manager* opens with a 'well-spoken' but rootless Englishman unwittingly getting caught up in international crime and espionage. It is a theme that Le Carré, who was sent to boarding school at the age of five, has worked countless times. On the same weekend, leading academic psychologist Richard Bentall blogged on television presenter/actor Stephen Fry's pronouncements on mental health issues, beginning his open letter by casually mentioning that they both suffered at the same elite boarding school.

Why would this be important for psychologists?

In 2000 I published the first account of specialist psychotherapy with ex-boarders, *The Making of Them: The British Attitude to Children and the Boarding School System*, following a 10-year study of this little-known client group. I argued that to cope with the rupture of attachments in the latency period, boarding children construct what I called a 'Strategic Survival Personality'. Once adopted, this personality is exceedingly hard to put away, and future adult life – especially intimacy – becomes problematic. Additionally, many children get abused or otherwise damaged in these institutions.

Since then, several articles and more books on this subject

have appeared, including Professor Joy Schaverien's acclaimed *Boarding School Syndrome*. Now Routledge is publishing my book for therapists with Thurstine Basset, a mental health trainer, entitled *Trauma, Abandonment and Privilege* (see p.289). In October the University of Kassel will host the first international conference on the effectiveness of boarding. Yet there is still a lack of recognition around the issue. Has it become normalised, in the way that boarding itself has? Is there a reverse snobbery, because the problems of the elite might not merit attention? This may be a dangerous omission, given the social prominence of ex-boarders – in the government, for example.



Unpleasant reactions to 'music'

May I please return to the subject of synaesthesia, covered in your pages some time ago (February 2015)? I have always felt a connection between music and a sense of space. Listening to pieces in two parts by Bach, I hear the two lines, but also have a sense of the space between them. Some chords, particularly those used by jazz pianists in the late 1950s and 1960s invoke a particularly strong

sense of open space, akin to seeing the prairies or fenland. None of that was or is

unpleasant. But recently a new phenomenon has made itself felt, although I am not sure

that synaesthesia is the correct term for it. It occurs when I hear some sounds or music created by electronic means. Currently when the BBC television news changes from national to regional the transition is accompanied by what is perhaps best described as a fanfare of artificial sound. It has the effect of causing me to feel what I can only describe as queasy. The same sort of fanfare – one cannot



contribute

THE PSYCHOLOGIST NEEDS YOU!

Letters

These pages are central to The Psychologist's role as a forum for communication, discussion and controversy among all members of the Society, and we welcome your contributions. Send e-mails marked 'Letter for publication' to psychologist@bps.org.uk; or write to the Leicester office.



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If perhaps overlooked by the psychology profession, the mindset of ex-boarders is a well-worked theme in English literature. Le Carré endlessly and repeatedly highlights the ex-boarder's survival imperative and ability to dissociate and mislead, which is what makes them *Perfect Spies* (to quote Le Carré's semi-autobiographical masterpiece), living life behind a multi-faceted character style. In the TV adaptation of *The Night Manager*, our hero's chameleon personality is referred to as 'the changing of the guard'. I have no doubt this duplicitous personality habit is still required learning in an elite boarding school: we can recognise the fallout in the leaders in most of our institutions.

We urgently need more evidence-based research, but a possible syndrome that begins at age eight and might not show itself for 30 years, is accepted by the public as 'normal' and is represented by vested interests could be notoriously difficult to research. We need your help to develop this field.

Nick Duffell
London

call it music – accompanies the advertisement for Bridgestone tyres which marks the transition from Channel 4 news to the weather forecast shortly before 8pm. That causes me to feel nauseous.

A similar but far more serious effect was caused by the sound that accompanied a previous advertisement in the same time-slot for the Novotel hotel chain. That sound caused me to feel positively physically unwell and also psychologically alarmed. The effect was so bad that I began to develop a phobic response. At first the response was to the beginning of the advertisement, so that I needed to turn off the television or change channel. Then the phobia began to generalise so that I began to suffer an adverse response to Channel 4 itself. I also began to develop an obsessive response, and re-experience the sound and the sight of the advertisement, accompanied by the same unwell and alarmed feeling. Fortunately

the response has now extinguished. Nonetheless as I write this I am experiencing an involuntary intrusive visual recollection ('flashback') of the scene that the noise accompanied.

I have also found that a faint response of feeling unsettled is now produced by the sound of a Wurlitzer organ, of the kind that used to be called a cinema organ. One heard that instrument quite a lot in former times. Indeed the BBC Light Programme had a weekly series devoted to it, which previously caused no problem that I noticed.

Am I alone in experiencing such responses? Is there anything that can be done to alleviate or avoid such a response? As can be imagined, I shall never stay in a Novotel, however good the facilities. But less selectively I should hate the sound to become any further established in the television repertoire.

Christopher Macy
Consultant Clinical Psychologist
Lincoln

Applied psychology – salad, not soup

I read the themed issue of *Child & Family Clinical Psychology Review* 'What good looks like in psychological services for children, young people and their families' (2015) with great interest. I had high hopes that the publication would outline a comprehensive and integrated view of psychological support for this population. Having worked in local authority, NHS and private sector psychological services for children, and having experienced the value of applied psychologists from different fields working together, I hoped that this diversity would be reflected in 'What good looks like...'

In fact, I think that the report is an excellent overview of the variety of ways in which clinical psychologists can be involved in supporting children, young people and families. It emphasises the application of clinical knowledge and skills in different settings and at different levels, making a good case for direct clinical work with clients and for psychologically informed practice and environments.

However, I think that it falls short of setting out guidance for psychological services more broadly. While the authors make a point of defining 'applied psychologists' to include qualified psychologists from all fields, the review is clearly about clinical psychologists. The editorial states that 'this publication lays out the roles that only clinical psychologists can play in service provision'. The document was written by a faculty of the DCP and published in a DCP periodical. Although the Division of Neuropsychology and the Division of Educational Psychology are acknowledged for providing support, the only psychologists acknowledged for writing and reviewing the document are clinical psychologists. Every case study in the document is of clinical psychologists' work; there are no examples of 'what good looks like' in the work of educational, forensic, counselling, health, occupational, sport or neuropsychologists with children.

I have the utmost respect for my clinical colleagues and agree wholeheartedly with the idea of promoting their skills in working with children, young people and families across different settings. However, this report should really have been called 'What good looks like in clinical psychology services for children, young people and their families', since that is what it covers.

Applied psychology is not a soup, where all our skills merge together with one dominant flavour, but a crunchy salad where each ingredient is distinct and contributes to the overall merit of the dish (Jones et al., 2013; Turner & Stringer, 2004). I would welcome further publications to celebrate (a) the work of different applied psychologists with this population and (b) to set out guidance with examples of how we could make best use of both our common skills as psychologists and unique skills within each field. Let's not pretend that clinical psychologists are the only psychologists providing services for children, or that the DCP speaks on behalf of all applied psychologists.

Rebecca Ashton
Educational psychologist
Preston

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- Turner, C. & Stringer, P. (2004). Green salad or green puree? *DECP Debate*, Issue 110, pp.3–4.

The edge of ethics

As a trainee recently acquainted with the NHS ethics process, it was with increasing discomfort that I watched Derren Brown's Channel 4 programme *Pushed to the Edge*. In this project (which was seemingly approved by a psychologist, listed in the credits as Claire Evans), the 'psychological illusionist' has planned a series of events in which a member of the public is manipulated to the point of murder.

A quick disclaimer here: Brown typically doesn't give viewers the full picture, but I am taking him at his word and assuming that the participants weren't excellent actors.

Brown begins by explaining that he used an Asch-style conformity test to identify suitably biddable participants. The programme then follows one individual – Chris – through a traumatic scenario at a charity auction. Brown uses the 'foot-in-the door' technique to get Chris to conform to a series of increasingly unethical demands: at first it's sticking veggie flags in sausage rolls, then before long he's relocating a corpse to stage a stairway fall.

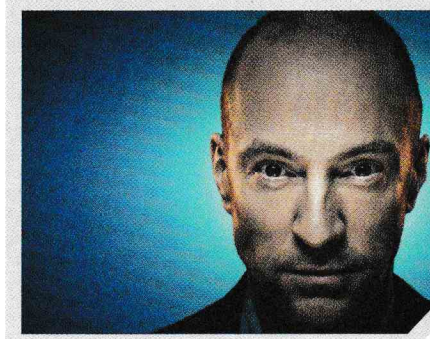
There is supposed to be a redeeming narrative (spoiler alert!): Chris doesn't do it. However, throughout the programme we see

the anguish on Chris's face. We also see that Chris *does* do many ethically dubious things. Brown may wish to claim that we could all be Chris

under the right circumstances, yet he has chosen him precisely because he thinks he will be more likely than most to comply.

Chris has a breaking point in his compliance. However, we see at the end of the programme that this experiment has been run with three other people, and that they all ended up pushing a man off the top of a building. While the producers had more sense than to follow their story, something about this feels very wrong. For a minute, these people thought they had killed someone. Presumably consent was obtained to use this footage (that is, consent has been obtained from notably compliant individuals).

It is important to consider the long-term implications of such an experience. Friends, family and partners may initially laugh



Representativeness of psychologists – BPS response

In the February edition of *The Psychologist* Barrow et al. posed a number of questions to the British Psychological Society. The main question related to the important questions of representation in UK psychology and what the Society is doing about the imbalance in the discipline. The following outlines the questions and seeks to provide answers – where it is possible to do so.

- Q. Are the demographics of the Society and UK psychology imbalanced and skewed towards individuals who are female and white?
- A. The BPS membership currently comprises 42,088 females and 12,767 males. In terms of ethnic groups, from those members that have provided details, 9812 are white, 181 black and 723 other. Thus the evidence supports the perception that UK psychology (in terms of Society members at least) is predominantly white and female.
- Q. Is this imbalance reflected in the areas of professional

practice such as educational and clinical psychology?

- A. Data on the membership of the practitioner Divisions suggests that this is the situation with the exception of the Division of Sport and Exercise Psychology which has a higher proportion of male members.
- Q. Whether it matters if the members of a profession are unrepresentative of the population it seeks to serve?
- A. We do not know the views of service users to answer this question and would welcome any findings or data that can address it. Without the data it is only possible to state that if the profession is unrepresentative of the population it serves it raises two questions. Firstly, why doesn't the profession attract a more representative group of individuals? And secondly, to what extent does this have an impact on the people who use those services?

Q. To what extent does this lack of representation concern the British Psychological Society?

- A. This is a concern, as it is to many other professional bodies and higher education providers. The concerns centre on (1) the reason why the profession/discipline has the demographic profile it does, and (2) what can be done to address this imbalance and lack of representation.

The reasons for the demographic profile are highly likely to relate to the 'pipeline' of students coming into university from A-level psychology. As noted by Barrow et al., the majority of A-level students and undergraduates studying psychology are female (81%). How to attract more male students to psychology is as much a challenge for the discipline as is for others, such as engineering, where men dominate and the recruitment of women is problematic. With a female-dominated pool of students it is inevitable that

more females will progress into professional training by weight of numbers alone. Professional training brings with it additional challenges, such as funding. Whether the change to the funding arrangements for undergraduate degrees in the UK has had an impact on progression to professional courses is yet to be determined. The issue of unconscious bias in the selection processes for professional training is another consideration. If this exists (and we do not know that it does), anonymised applications that are blinded may be a possible way forward. For a useful literature review of unconscious bias in higher education see www.ecu.ac.uk/publications/unconscious-bias-in-higher-education.

Lack of representation is a concern for the British Psychological Society, as it is for the government, learned bodies, other professions and society. Without inclusivity we lose out on the talents of the many people who could make valuable contributions to the

the whole thing off. Otherwise, they may reason that they would have done the same thing under the circumstances. But deep down, could this alter the way others perceive them? Could a partner look at them the same way, having seen such compliance and 'weak' moral character? These are speculative considerations, but not unreasonable.

I have never been so struck by the disconnect between the ethical standards required by academic/healthcare institutions and those adhered to by TV producers. It is as if a 1960s ethics panel rose from the dead to give its assent to this project. Milgram and Zimbardo, eat your heart out!

Might the footage of the agonised participants in *Pushed to the Edge* suggest that reality TV would benefit from more rigorous ethical oversight? Furthermore, a fundamental question in social psychology is highlighted: can you do research that is insightful yet moral?

Matthew Wilkinson

*Trainee clinical psychologist
Salomons Centre for Applied Psychology
Canterbury Christ Church University*

profession, and to those we serve.

Q. What actions may be necessary in response to lack of representation?

A. Having said that it is a concern for the British Psychological Society, it is reasonable to ask what it is doing about that concern.

The answer lies in its determination to acknowledge the need for greater equality, diversity and inclusion in all areas of policy and practice. To that end a revised Equality, Diversity and Inclusion Policy has been developed, the Society has signed up to the Science Council's Declaration of Diversity, Equality and Inclusion. The Society has initiated a Social Justice and Inclusion group to scope out and take forward good practice within the Society, and is actively supporting the Equality Challenge Unit Athena SWAN charter initiatives that are an increasingly important aspect of the work of university psychology academic units. Initiatives

such as the Division of Clinical Psychology Inclusivity Conference held in Birmingham on February 26th are central to the Society's aim of supporting and promoting the equality, diversity and inclusion agenda.

To summarise: the British Psychological Society recognises that there is underrepresentation of certain groups within its membership and within the discipline. In part this is due to factors beyond its control, but that does not absolve it of its responsibility to address the matter within the organisation and with its membership. Making that change will take time, resource and determination. Ultimately achieving representation that reflects the general population will only be achieved through the joint actions of both the Society and its individual members.

Professor Kate Bullen
Chair, BPS Ethics Committee
Professor Jamie Hacker Hughes
BPS President

PRESIDENT'S LETTER

Our theme for this month is that of psychology and spirituality (and see p.292 for a 'New voices' piece on incorporating faith in therapy). In my interview here last May I stressed the importance of a biopsychosociospiritual framework, as opposed to a mere biopsychosocial one. Is a spiritual dimension important in psychology? I believe that it is.



I would argue that the spiritual element of psychology is achieving ever-increasing prominence in society. The launch of the 'Mindful Nation' report of the All Party Parliamentary Group on Mindfulness in the Houses of Parliament in Westminster just six months ago, informed by some of our eminent psychologists, is just one example of what is happening. There are a spiralling number of books, apps, courses and classes. So what should we, as psychologists, be doing about all this? There is already a very long tradition of psychologists with a religious faith or heritage, and there are many examples of Jewish and Christian psychologists, Buddhists, Muslims, Sikhs and others so the obvious answer would seem to be more research, writing and research-based practice. I hope to do some more of all of these, together with others from a variety of faith and non-faith backgrounds, once the pressures of BPS presidency subside.

Speaking of which, by the end of this month we shall have said goodbye to our Vice President, Dot Miell, congratulations and good luck to a new President, Peter Kinderman, welcome to a new President Elect (I shall be announcing her or his name at the AGM at Annual Conference) and, of course, I shall have come to end of my term as our President.

The wonderful privilege that Presidents have is that of being able to see our whole Society in all its diversity. Over the course of the year I shall have spent time with all of our Divisions and visited all of our Branches (some on many occasions) and also visited with a number of our Special Groups and Sections. The BPS is growing – we welcomed our 50,000th member, George Kitsaras, at last year's Annual Conference in Liverpool, and by the time we get to this year's in Nottingham we could have nearly one BPS psychologist in every thousand people!

In all our networks, wonderful things are happening – cutting-edge science, influence on national policy and in the media, active participation in social justice. In fact, developments right across all six pillars of our strategic plan. I came in as President to help our Society and our discipline to become more visible, vocal and impactful and it's really gratifying to witness all of these beginning to happen. Several of our psychologists have received major national, scientific and academic awards over the year too, but, very sadly, far too many of our brightest and best have died, many far before their time.

So – thank you for electing me. It's been the hardest, busiest, job that I have had in my life so far. My work in helping to make our Society more accessible, democratic and inclusive – both in seeing the Structural Review through to its conclusion, as Vice President, and supporting Peter and working with the new President Elect over the year ahead – will go on for another year. But it's been a huge privilege. Thank you.



Jamie Hacker Hughes is President of the British Psychological Society. Contact him at PresidentsOffice@bps.org.uk or follow on Twitter: @profjamiehh.



FORUM WORDS AND MEANING

Longing for *Sehnsucht*?

I have long been interested in how language carves up the flux of our phenomenological world. For instance, I often wonder whether the limits of my linguistic resources define my experiential horizons. If I lack a label for a particular feeling, say, am I doomed to not have that feeling? Or might I experience it in a nebulous, fleeting way; but lacking a name to give it body, it subsides into the onrushing stream of my consciousness, never to be acknowledged, articulated, or remembered?

Questions like these prompted me to create a lexicography of 'untranslatable' words, sourced from across the world's languages. My motivation was partly that these words would offer a fascinating 'window' onto other cultures. An 'untranslatable' word suggests a culture has been unique in recognising and naming a particular phenomenon, which tells us something important about the culture in question. But my motivation was also selfish: I wanted to expand my own emotional horizons. I imagined each of these words as a key, unlocking new experiences that had previously been veiled to me.

A first iteration of the lexicography was published in the *Journal of Positive Psychology*, and prompted some debate! Among the curious reactions was whether these words were truly 'untranslatable,' and thus tied to specific cultures. For instance, one of the most alluring words was the German term *Sehnsucht*, which roughly translates as 'life longings'. Moreover, the word was particularly interesting, since it was one of the very few that had been studied empirically.

In a wonderful paper, Susanne Scheibe and colleagues constructed a 28-item questionnaire to measure *Sehnsucht*, which they tested on 299 Berliners. Confirmatory factor analysis corroborated the six characteristics that the authors had theorised *Sehnsucht* as comprising: (a) utopian conceptions of ideal development; (b) a sense of life's incompleteness and imperfection; (c) conjoint focus on the past, present and future; (d) ambivalent (bittersweet) emotions; (e) life reflection and evaluation; and (f) symbolic richness. Moreover, particularly intriguing were the scale's complex associations with wellbeing, highlighting the dialectical, covalent nature of *Sehnsucht*. If experienced frequently and intensely, *Sehnsucht* predicted lower wellbeing (unless these longings were perceived as controllable), and yet it was also deemed to provide people with direction, helping them to 'manage life's incompleteness'.

All of which led me to wonder, is *Sehnsucht* a uniquely German phenomenon? Or have the Germans, with particular genius, captured a feeling that we all know, if only implicitly. Or, most perplexingly, to return to my 'key' metaphor, is this a feeling that is unknown to us unless and until we encounter the word, which then 'opens' up these longings within us? And if so, would we even want to encounter *Sehnsucht*, if given the choice?

Dr Tim Lomas is a Lecturer in Psychology at the University of East London. t.lomas@uel.ac.uk This column aims to prompt discussion and debate on language and what it reveals about our psychology.

Deciding in advance

The letter from Dr Ziegler and Dr Tunney ('The reality of life and death decisions', February 2016) is very puzzling.

Supported by 20 references it concludes: 'The critical assumption of living wills and advance decisions is that we can accurately predict our long-term preferences, but evidence suggests this is not the case.'

It is a matter of certainty not long-term preferences that we can predict with 100 per cent accuracy that one day we will die and that a certain number of us will die after a period of prolonged agony and diminished humanity. Advanced Decisions enable us to anticipate and avoid a horrific end that neither we nor our family and friends would wish for us. An

Advanced Decision commits us to nothing. At any time we can change our mind until we have no mind to change.

In an abbreviated form, my Advance Decision says that I do not consent to medical treatment when there is, in the opinion of two appropriately qualified doctors, little or no prospect of recovery from: an imminently life-threatening illness; a serious impairment of the brain; persistent unconsciousness or a persistent vegetative state.

Are the authors suggesting that anyone could have an immediate, let alone long-term, preference for choosing acute suffering for themselves and their family and friends over a blessed release?

Joshua Fox

Hailsham, East Sussex

Learning to cope with negative reviews

I read with interest James A. Grange's letter entreating journal editors to stop reviews that are insulting ('Time for insulting reviews to stop?', March 2015).

Encountering negative and insulting reviews mirrors life – justified or not, some people will, at times, react in negative and insulting ways as well. Rather than manage what other people do, it is more effective to manage our response: we should take such events as opportunities to cultivate stress resilience. Removal of negative events such as nasty reviews removes opportunities for people to develop resilience, decreases our stress resilience and infantilises people's agency to cope with stress.

It is also ironic to me that in the same issue of *The Psychologist* an article titled 'People who have experienced more adversity show more

compassion' was printed that enforces further my point that stress can also be opportunities for psychological growth.

In my opinion, we should (a) prepare junior researchers psychologically for the potential to receive such insulting reviews (i.e. manage expectations), (b) use, rather than ignore, insulting reviews to improve research and prepare for future submissions (i.e. look beyond the emotional arousing element in the review), and (c) equip junior researchers with strategies to be resilient to such insulting reviews so that such reviews do not significantly impact on their subjective wellbeing and motivation to pursue this career path (e.g. managing one's emotional reaction to the insulting review).

Felix Yong Peng Why
University of Hull

Varied routes to qualification

Ella Rhodes's coverage from the Psychology4Graduates event ('Diverse and colourful', February 2016) was gratefully received, as the event was truly inspiring. Both Steph Minchin and I took a great deal away from the event and it was fabulous to get to meet so many aspiring clinical psychologists.

We thought it worthwhile to write in to *The Psychologist* to continue discussions around the route to clinical psychology. The remit of clinical psychology is multifaceted and, quite simply put, diverse. And in aspiring to share our passion and hopes for the audience's own path to training, we hope that we conveyed the multiplicity of routes in. Whereas the work of clinical psychology is diverse, we also wanted to acknowledge that the route to clinical training is itself just as diverse.

It is the hope of the Pre-Qualification Group to diversify that route even more so and encourage that breadth of character, innovation and resilience that very often comes from the winding path that takes you through unexpected, novel and challenging stops along the way. It is often these moments that turn into the most rewarding of experiences that we learn the most from. Although many often pine for the transparency of a 'set-in-stone' pathway to training, one does not exist, and we wonder whether this is a good thing. Questions about the existence of such a path are often put to trainees, and it is through events like Psychology4Graduates that we can put such a myth to rest. We need more forums in which individual narratives and personal accounts of routes into clinical training can be shared, if only to celebrate that there are many more ways to get there than you may at first think.

When these routes to training are so different, we also need to be mindful of whether everyone has an equal footing or whether the stepping-stones are accessible to all, particularly if it is deemed such a challenge to 'get your foot in the door' in the first place. The Pre-Qualification Group has raised these issues in order to address them, and will continue to do so for our members. From addressing the 'price' of honorary contracts (Acker et al., 2013), finding a voice as a member of a minority group en route to and during clinical training (Kinouani et al., 2014),

and in setting a clear vision for a training body inclusive of those who have changed careers, for personal experience of services and distress, and for diversity to take centre stage; and in our address on the 'Past, Present and Future of Clinical Psychology' (Methley et al., 2016). Having said this, clearly we need to do more to raise these issues and address any issues of inequality both outside (e.g. our clinical work) and within the route to our professional qualification.

In addressing the Psychology4Graduates event, Steph and I had hoped that we could really emphasise that, yes, this is not an easy route to pursue, but the journey ahead can be so varied and interesting. At the University of Herts and Pre-Qualification Committee, not one of our stories is the same. Often the most poignant, meaningful and enriching of narratives come from the personal and lived experience; from the stories of travelling, previous careers of tap-dancing and accountancy, those musical passions, spiritual belief systems and values, those valiant attempts at DIY, to becoming a parent for the very first time. Indeed, it is just as much about the persistence to live life outside of clinical psychology, as developing that academic fortitude and clinical foresight, to truly prepare for that winding road ahead.

If individuals wish to remind themselves of some of the talk, please visit tinyurl.com/zsrc8mc for a copy of the slide presentation.

James Randall-James

Co-chair of the Pre-Qualification Group (DCP)
Trainee clinical psychologist, University of Hertfordshire

Stephanie Minchin

Pre-Qualification Group (DCP)
Trainee clinical psychologist, University of Hertfordshire

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- Kinouani, G., Tserpeli, E., Nicholas, J. et al. (2014). Minorities in clinical psychology training: Reflections on the journey to finding a voice. *Clinical Psychology Forum*, Issue 260, pp.8–11.
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NOTICEBOARD

The Northern IAPT Practice Research Network (PRN) was set up in 2014 as a partnership between northern IAPT services and academic researchers. PRN members aim to learn how psychological therapy works in routine care and to generate evidence that will inform and influence practice. The PRN has grown rapidly in the last year, with members from more than 10 IAPT services and five universities. The network is currently conducting two studies, and has launched a webpage to promote debate about IAPT-related policy and practice, including brief articles and public opinion surveys. Initial publications are expected to emerge in early 2016, and forthcoming studies include a pilot trial of relapse prevention interventions.

If you are interested in psychological practice in primary care settings, visit www.iaptprn.com. For more information about the network, please email or follow on Twitter.

Members of the Northern IAPT PRN

iapt.research@nhs.net

Twitter @iapt_prn

Teachers, researchers, lecturers and students of psychology are alerted to the online MMU Psychology Journal (Dissertations) UK. This was first published in September 2010 and the work of students graduating between 2010 and 2015 is now 'live' at the following web address: <http://e-space.mmu.ac.uk/e-space/handle/2173/560869>

All UK universities are invited to submit (up to) two final-year undergraduate dissertations for publication. Work must be selected by the psychology teaching staff and must be submitted by 25 August 2016.

The journal has been developed by the MMU as part of its strategy for enhancing the student experience in terms of providing online resources enabling UK undergraduates to access excellent academic work – and, hopefully to strive to achieve similar standards. The journal also rewards excellence by publishing the work of high-achieving students throughout the UK.

For details regarding the formatting prescriptions, please contact:

Andy Bell (Editor)

Department of Psychology
Manchester Metropolitan University
A.Bell@mmu.ac.uk

Eysenck – a competitive streak

Philip Corr provides a timely reminder of the huge influence Hans Eysenck had on British psychology for many years ('The centenary of a maverick', March 2016). Like many others I first came across him through reading his popular psychology books. Without doubt he more than any other psychologist helped raise the profile of scientific psychology in the UK. For that psychology owes him a great debt. It is shocking that he was never made a Fellow of the BPS.

From 1970 to 1975 I worked in the Psychology Department at the Institute of Psychiatry. Eysenck was the head of department. He would have remained an elusive figure to someone in my position had I not been a keen tennis player. Eysenck loved to play tennis, was an excellent player and would seek out youngsters like myself to play against. Once I got over my shyness at being in the changing room with him, and once I realised that he was not one for small talk, I could relax.

Though not one for small talk, he was willing to share his thoughts about psychology even with one as junior as I was. He told me once that he was having difficulty with writing a book on reminiscence, it was taking longer than normal, and it



troubled him because it got in the way of his tennis! On another occasion he asked me what explanation I might have for recent empirical findings that astrological signs accurately predicted certain personality types. I struggled to come out with a few ideas all of which he had already thought of.

He was a formidable opponent both on the court and in academic debate. I once played him at squash; I was a novice, and I won only one rally and that was from a mishit on his part. I turned and saw him practising the correct stroke!

In my last game of tennis with him, I managed to win. At the net I told him I had applied for a lectureship elsewhere and asked if he would give me a reference. 'Of course,' he said. 'Plays good tennis in a strong wind.' A rare joke that also revealed his fundamental competitiveness. There was no strong wind.

John Marzillier
Oxford

Editor's note: To mark the centenary of Eysenck's birth, there is a special edition in our new app, which can be downloaded via <http://tinyurl.com/psychmagapp>

Theorising and pontificating?

I found just over half the featured articles on 'Can psychology find a path to peace' (February 2016) alternately perplexing and frustrating.

In Masi Noor's piece, what actually does 'forgiveness' mean in practice? Should we expect those who have been burnt, beheaded, enslaved, buried alive, shot, as well as their loved ones to forgive the perpetrators of these acts? What actions would represent such forgiveness? What should we, the world, actually do?

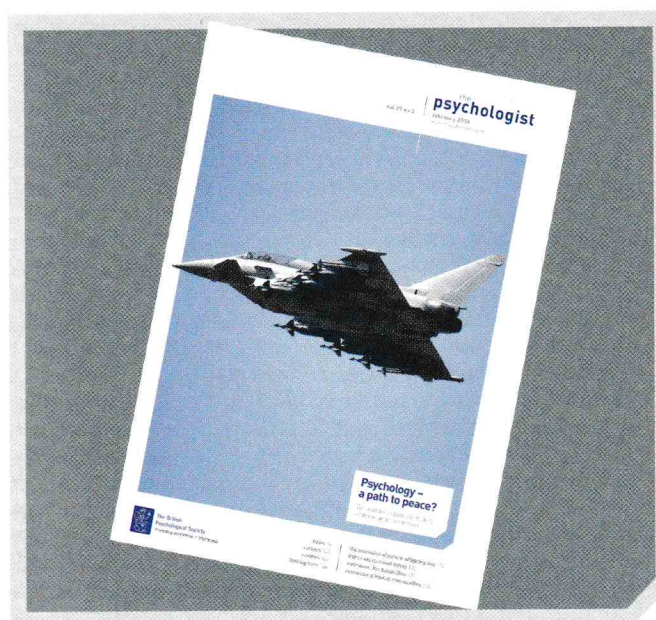
The fact that 'history is replete with examples of extremism' (Diane Bretherton's imagined conversation with Ed Cairns) should make us hang our heads in shame. Unfortunately despite our research, our diagnostic phrases, and our prescriptions to work together and to build better relationships, we have not succeeded in slowing the rate and intensity with which humanity destroys itself.

In what way and how, for example, would alerting politicians to 'rivalrous cohesion' (from Dominic Abrams contribution) resolve the violence in practice in the here-and-now. If we describe expressions of empathy and solidarity with a country that holds broadly similar beliefs and values to our own as a 'volte face' because we have also

given voice to the differences between us in the way we do things round here what hope is there for spreading 'harmonious cohesion' across continents and faiths?

Sadly, I agree with Heidi and Guy Burgess's piece that the law of political irony probably applies in the long term. History shows that the destruction of one group does not prevent the rising of other similar ones in its place. I believe that bombing on its own is not a valid strategic solution. However, I am concerned with the recommendation to 'allow them to live as they choose'. Should we therefore allow 'suttee', honour killings, female genital mutilation, beheadings for dissent, sharia and other such practices?

I am seriously concerned that we, as psychologists, risk losing sight of reality,



especially that of life and death. If we can do no better than theorise and pontificate then we should do as the philosopher says: 'Whereof one cannot speak, thereof one must be silent.'

Leylâ Ziyâl
Colchester

obituaries

Professor Glyn Humphreys (1954–2016)

Glyn Humphreys died suddenly on 14 January 2016 while in Hong Kong as Distinguished Visiting Professor. Glyn was at the peak of a career which began in 1973, when a shy young man from Liverpool was admitted to the University of Bristol to read psychology. He rose quietly and modestly to take a first class degree. It was these understated qualities, combined with a strong work ethic and a sharp mind, that ultimately led Glyn Humphreys to the top of his discipline.

From his early years as Lecturer at Birkbeck to his final years as Chair at Oxford, Glyn made outstanding contributions to psychological science. His monumental achievements are very familiar to members of the Society, having been recognised by its major awards: Spearman Medal (1986), President's Award (1999) and Lifetime Achievement Award (2015). His influence on the discipline of psychology was immense: as Head of Department first at Birmingham and then at Oxford, as president of scientific societies, editor of leading journals and member of major research boards and committees, not least as Chair of the Psychology, Neuroscience and Psychiatry panel for the Recognition of Excellence Framework (REF 2014). He became Fellow of the British Academy in 2009.

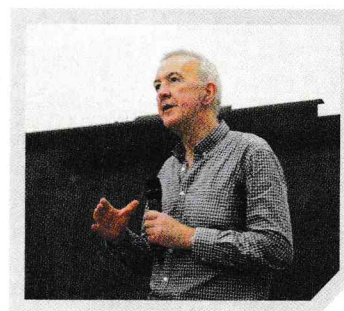
More than this, Glyn was an outstanding leader, a wise and effective mentor, and a terrific supporter of others. Hundreds of others. The stories told on his memorial page (<http://88.202.227.92/~glyn>) are powerful, painting a picture of a very human and gentle person, a man who was both driven and selfless, somehow finding time for everyone else. From his scientific publications we learned much about cognition from the patients he studied, known only by their initials. From the

memorial stories, we learn of the friendship and humanity behind the initials and behind the science: the Christmas parties, the trips overseas, the weddings and birthdays, the children,

music, food and laughter. Glyn and his wife and collaborator Jane Riddoch created an environment where people thrived. This is at the heart of Glyn's legacy – a legacy in basic science and its clinical application that will continue to thrive via the work of the Oxford Cognitive Neuropsychology Centre and the huge numbers of people across the world he trained and inspired.

At the University of Oxford where he spent the last four years of his life, Glyn was a transformative Head of Department where, with characteristic hard work and wisdom, he led it to great success, always remaining undaunted by setbacks and obstacles and without ever making a fuss. He was also a Fellow of Wolfson College, where he was a much-admired and much-liked member of the community. He loved music, swimming, and wining and dining with friends and family. What made him special was his kind nature and a remarkable ability to believe in and enable others. Glyn, a giant of psychology, leaves behind his widow Jane, his daughter Katie, his sons Iain and Alec and his grandchildren Madeline, Jake and Freddie.

Kate Nation
Maggie Snowling
University of Oxford



Joan Kirk (1945–2016)

Joan Kirk died peacefully at home on Saturday 16 January, with her husband Keith Hawton and her daughters Jane and Kate by her side.

Joan was an innovative clinical psychologist, who after studying at Liverpool, and training at Edinburgh, spent the rest of her career from 1971 at the Warneford Hospital in Oxford. She completed a DPhil on the behavioural treatment of phobias and then became a pioneer of cognitive behaviour therapy, co-editing, and a definitive textbook on CBT that is still in print: *Cognitive Behavior Therapy for Psychiatric Problems* (1989). She developed and led what became a large department of adult mental health psychologists, inspiring and supporting all those with whom she came into contact with her endless energy, enthusiasm, wisdom and professional generosity.

She had an uncanny ability to recognise the special skills and talents of the psychologists in her department, and worked both to help them realise their potential and to create opportunities for those skills and talents to be used. She and her colleagues were also foundational to clinical training in Oxford, and she became Registrar for the BPS Diploma. Her contribution to clinical psychology nationally was recognised by her election as a Fellow of the Society.

Joan's energy and foresight were crucial to the establishment of the innovative Oxford Cognitive Therapy Centre (OCTC), offering specialist therapy clinics and training, which were recognised at both national and international levels. After her retirement in 2004, she continued to support OCTC, actively

contributing to the teaching, workshops and research, which remain the heart of the organisation.

In her spare time Joan loved walking, trekking for example in the Himalayas, New Zealand and China. She also walked throughout the UK, with her binoculars always at hand to identify birds spied on the way. Joan was a great lover of music, from opera to rock and saw many rock stars live in concert, with the Rolling Stones and Roxy Music being special favourites. As well as extensive travel abroad, every year Joan spent holidays on the Scottish Isle of Colonsay, where walking, love of wildlife, swimming in the icy sea and eating the local oysters were all shared with her beloved family and many friends.

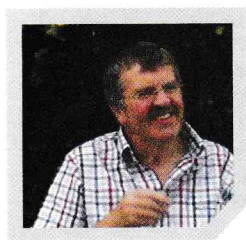
Despite a diagnosis of multiple system atrophy, which in the last few years gradually robbed her of the ability to do most of the things that she loved, Joan remained determined to maintain her friendships and as much of her vitality and interests as she could muster, right to the end of her life. She brought joy to everyone and everything with which she was associated. Right up to her untimely death, this aspect of her shone through. Even when she could barely talk, she could smile and laugh in her inimitable way at her own and others' jokes.

Like everything else she tackled, she coped with her illness with fortitude. Joan's funeral was held in the local church in South Leigh near Witney. This remarkable woman will be sorely missed.

Nicky Boughton
Gillian Butler
Oxford

Professor Chris W. Clegg (1948–2015)

In a distinguished 40-year career, Professor Chris Clegg established himself as one of the UK's most influential and respected organisational psychologists. His career started at the renowned Institute of Work Psychology at the University of Sheffield (formerly the MRC Social and Applied Psychology Unit), before moving to Leeds University Business School in 2006, where he established the Socio-Technical Centre in 2009.



Chris's impact on academic organisational psychology and related disciplines has been considerable. He published well over 100 journal articles, books and chapters in leading outlets. Collectively, this work has been cited over 8000 times. Chris is best known for his world-leading research on job design, socio-technical systems theory, organisational change, and the human aspects of information technology. Unusually for an organisational psychologist, his work also bridged several other academic fields, notably engineering and computer science, reflecting a pioneering and visionary multidisciplinary focus.

A passionate believer in applying psychology practically, Chris established and led ongoing research partnerships with numerous leading companies, most notably with Rolls-Royce in 1998, with whom his colleagues continue to work today. An impact case study based on this research was highly commended by the 2014 National REF Panel in their official feedback to Leeds University Business School. Chris's work also influenced policy at the highest levels of UK government, with recent

influential projects for the Cabinet Office and the Department for Business Innovation and Skills. During his career, he was awarded £15 million of research funding from leading organisations and research councils, further testimony to the immense impact his research had on wider society.

Throughout his career, Chris played a major role in the recruitment and training of future organisational psychologists, many of whom are now leading names in their own right. He helped establish and deliver MSc courses at the Universities of Sheffield and Leeds, supervised numerous PhD students and mentored many other young researchers. So many of his colleagues would not be where they are now in their careers and lives without the guidance, support and opportunities he so generously provided.

Chris is survived by his wife Sally, his sons Daniel and Simon, his stepdaughters Louise and Rachel, and his mother Margaret. He adored his family and was never happier than when spending time with them in his garden, playing croquet and birdwatching. A very keen sportsman, Chris played competitive rugby and greatly enjoyed sailing his boat in Norfolk and the Caribbean. Among his colleagues, Chris was known as an incredibly generous, warm, and wise man with a lightning wit and mischievous sense of fun. The immense sadness we all feel for his untimely passing is tempered by a tremendous sense of privilege that we knew Chris and an enormous gratitude for everything he did for us. He continues to inspire us and he will never be forgotten.

Matthew Davis
University of Leeds

Lorraine Morgan (1950–2015)

Lorraine was a Chartered Psychologist, who worked for the Department for Work and Pensions (DWP) from 1991 to 2013. She undertook her Master's in Organisational Psychology at Birkbeck from 1988 to 1990. She was also a Chartered Scientist and Associate Fellow of the BPS.

After joining the DWP in 1991, Lorraine worked within the Local Occupational Psychology Service in North London. Here she played an important role as part of a rehabilitation service providing occupational assessment for people with disabilities. She acted as a mentor to other psychologists, where her bright professionalism, thorough approach, attention to detail and dedication to excellent customer service taught a great deal. She inspired many colleagues and customers to see their potential and took delight in seeing the realisation of aspirations.

Lorraine supported undergraduate psychologists from Birkbeck by arranging year-long attachments to DWP. Students benefited greatly in professional competence and confidence from her patient oversight and support.

On promotion to Senior Occupational Psychologist in 2000, Lorraine became part of a team of consulting psychologists providing a service for the London and South East region of the Employment Service. She was much in demand from local managers for her bespoke training in helping staff to manage change, develop resilience and defuse challenging behaviour.

Lorraine was enthusiastic, highly committed and extremely hard working. She was also innovative, keen to take the lead in developing approaches that would benefit not just her local customers, but DWP colleagues and psychologists more widely.

One of her passions was coaching, and she worked with



experts in the field to design a training programme for psychologists and leaders in DWP. She also was interested in interventions to maintain wellbeing and work-life balance, using some of her personal practices derived from yoga and meditation.

Lorraine also led the design of a new website, where she developed a series of podcasts (the first of their kind) to support managers in helping people deal with transition and change, drawing on, amongst others, the work of William Bridges.

She was a shining example of professionalism, integrity, confident to challenge whenever this was needed. Her dedication to her profession, coupled with her loyal friendship and sense of humour made her a much-respected colleague and treasured friend. Many a time we shared a glass of red wine, with fun and laughter, enjoying the moment.

Lorraine retired in 2014, and with her energy and enthusiasm for life, she refreshed her passion for art. Having set up a studio in her back garden, she took an art course, and took artistic inspiration from visits with friends to local art galleries. She loved music and theatre and regularly attended performances in London and the Early Music Festival in York. Her family was her anchor; she embraced becoming a grandmother with gusto and visited her two grandsons in Australia a number of times.

A terribly sad loss to all, but a shining example to us all of how to pack so much into life. We miss her.

Fiona Lancashire CPsychol
Work Services Directorate, Department for Work and Pensions
with other psychologists at the DWP



UCL

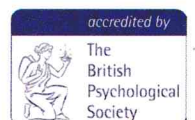


Postgraduate Training in Paediatric Neuropsychology

Applications are now invited for entry to our training programme in October 2016 delivered by University College London and Great Ormond Street Hospital for Children.

The Masters in Applied Paediatric Neuropsychology is open to all professional psychologists and psychology graduates. For the first time this year, this programme will also be available as a Post-graduate Diploma course allowing a greater number of entries onto this competitive course.

The Masters/PG Diploma in Clinical Paediatric Neuropsychology is open to Clinical Psychologists and Educational Psychologists.



To make an application to the programme, view our free on-line lectures or to enrol on one of our short CPD/Taster courses please visit our website: www.ucl.ac.uk/neuropsych

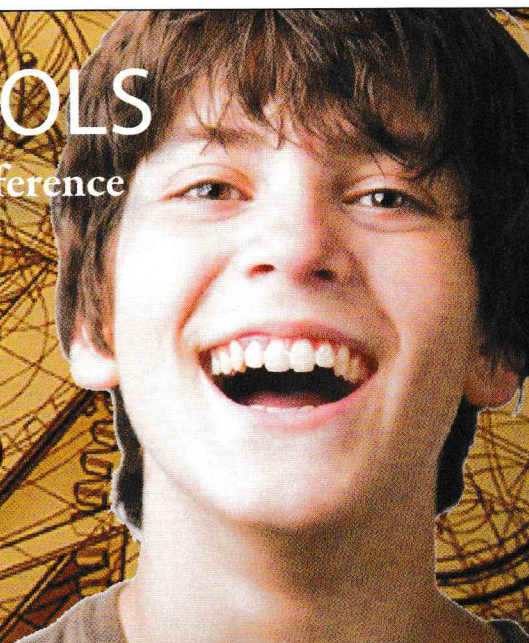
Programme Director: Professor Faraneh Vargha-Khadem



POSITIVE SCHOOLS

Mental Health & Wellbeing Conference

bringing positive
education alive
in all schools



The inaugural Positive Schools UK 2016 mental health and wellbeing conference aims to ignite your passion for youth wellbeing and effective education.

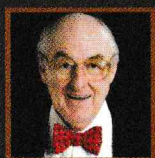
Twelve keynote addresses and fourteen practical workshops; all presented by world renowned experts in positive education and mental health. An opportunity to hear cutting edge ideas from Australian and UK education leaders, including Geelong Grammar School VP Charlie Scudamore, Kristjan Kristjansson and Richard Layard.

This is an event for all psychologists, teachers, school leaders and allied mental health professionals

7th & 8th July 2016

The University of Cambridge

Love to learn



Henry Blofeld OBE
Day Two Host



Dr. Pooky
Knightsmith
Wellbeing



Lord
(James) O'Shaughnessy
Positive Education



Dr. David
Whitebread
Creativity and Play



Emma Judge
How To Thrive



Prof Felicia Huppert
Flourishing Children



Professor
Katherine Weare
Mindfulness



Dr. Michael
Carr-Gregg
Technology



Prof Kristjan
Kristjansson



Prof Sue Roffey
Culture



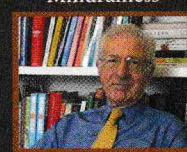
Prof Helen Wildy
Australian Wave



Dr. Helen Street
Shaking Up Education



Charlie Scudamore
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A magical mix of tricks and talks

From using magic tricks in experiments to the special nature of the 'aha' moments caused by the tricks themselves, the wonder of magic and its role in science were examined in a series of talks at Goldsmiths, University of London.

The day was organised by Dr Gustav Kuhn, who started off as a magician and later moved into psychology. He said he was quite shocked at the lack of academic literature on magic and psychology – things he sees as inherently linked. In his studies he has looked into how one of magicians' most important techniques, misdirection, is perceived by humans and the mechanisms behind this.

After publishing this work and a framework paper on the links between science and magic, the field became much more popular with academics with a surge, around 15 years ago, in the number of published works on the subject. Indeed, all of the speakers at the event showed that science and magic fit together.

Thomas Strandberg (Lund University) carries out research largely into choice blindness, offering up considerable opportunity to use magic as a tool. The phenomenon describes situations where humans will defend and justify a choice they believe they have made – even if they didn't make it. For example, some of the early work on choice blindness involved giving participants the choice of two pictures and by sleight of hand the participant was given the one they turned down. Researchers found that when asked why the subject chose that picture, they will justify their choice.

Strandberg and his colleagues wanted to see if this phenomenon transfers to political and moral beliefs. In a simple but smart experiment they stopped subjects on the street and asked them to fill out a survey that asked them to rate their agreement with moral statements. Upon turning to the second page of the survey a clever little bit of magic removed the original moral statements (using some adhesive on the back of the clipboard) to reveal a new set of moral statements – which completely opposed those they initially rated their agreement with. When asked to read through their answers participants still justified their choices – some even gave anecdotal reasons, for example 'I was speaking with my mother about this the other day...'. Having a 'eureka' or 'aha!' moment is quite a strange psychological phenomenon when we look at it more closely. Dr Amory



The wonder of magic and its role in science were examined in a series of talks at Goldsmiths, University of London

Danek (University of Illinois) has used magic to look into this 'insightful problem solving' – when the solution to a problem suddenly comes to mind seemingly out of nowhere. These moments require that a person change their fixed way of thinking, whether this be in reassessing the nature of objects as in some magic tricks or in something as mundane as using a tool for a different purpose. Danek said that to do this a person must overcome something in their knowledge that they would never usually question: a conceptual change. In some of her work Danek showed participants short filmed magic tricks three times and asked them to come to a solution on how they were done. Magic tricks are the perfect stimulus for insightful problem solving – magicians create false assumptions in their tricks, and to overcome these assumptions one must be flexible in one's thinking and challenge previously held ideas about the nature of things. Danek is aiming to combine behavioural and neuroimaging experiments in order to identify brain regions that are used when we are confronted with stimuli that violate one's expectations.

The day also included fascinating discussions on the potential use of artificial intelligence in creating optimised versions of magic tricks, and two keynote speeches from Peter Lamont and Ronald Rensink on the potential for developing a science of magic as a whole.

Could magic be used to influence thoughts you feel you have total control over? Jay Olson (McGill University) has carried out some fascinating research into free will using magic as part of the study. He asked whether, using the magician's technique of forcing, a person's seemingly free choices could be manipulated without their knowledge. Using a dummy MRI scanner Olson convinced his participants they were lying in a machine that could read and influence their thoughts. He asked his 55 participants to think of a number between one and 100 which the machine would 'guess'. In the next room was a printer (which was not even plugged in) which 'printed' the number they were thinking of. Olson said participants were convinced the machine was working – however, he had influenced which number was chosen using a technique used by mentalists.

Second the subjects were told the machine would plant a number in their minds – using the same clever technique – and participants believed this was really happening. Some even reported feeling warm sensations when the machine was working to 'affect' their thoughts. Using the Sense of Agency Rating Scale, the researchers found people felt more control in the first condition and much less in the second. They felt as if they had made a free choice of number in the first condition but had actually been influenced – using just a little bit of magic.

THE FORWARD VIEW ON MENTAL HEALTH

Olson said this showed it was possible to make people believe they didn't have control over their own thoughts, and from this he would be able to answer questions in the future around why we feel we have control over our thoughts when we actually may not.

Chris French (Goldsmiths, University of London) gave a fascinating talk about magic and the paranormal – revealing some interesting facts on paranormal belief among magicians themselves (surprisingly high, given the number of famous sceptics in the magical community). He also told the fascinating story of James Randi's project Alpha – where he used two magicians to convince a group of researchers they were psychics, which many fell for.

A touching talk by Yvonne Farquharson demonstrated how magic can be used in a clinical setting. Farquharson is Managing Director of Breathe, an arts health research not-for-profit, which came into being through Guy's and St Thomas' Charity. She and her colleagues teamed up with magicians from the Magic Circle to help young children with hemiplegia. Children with the condition, which leads to partial or full paralysis of the hand and arm on one side, are required to carry out lots of exercises to help with their dexterity. As Farquharson pointed out, these exercises are boring to most of the children. The magicians were advised by occupational therapists which fine motor movements needed to be practised, and the magicians incorporated this into a set of magic tricks. These tricks were then taught to the children in a fun 'magic summer camp' held over several weeks.

In a video we saw the young children, who previously had trouble zipping up tops or undoing buttons, carrying out these tasks – one remarking 'This is so easy!'. Not only was their dexterity improved but seemingly their confidence and self-esteem. The project is now being rolled out to help adolescents with mental health and anxiety problems. Now that's magical.

The workshop was funded by the Experimental Psychology Society and organiser Gustav Kuhn said he hoped one of the outcomes of the event would eventually be the establishment of a Science of Magic Association, which would aim to organise and run similar conferences in future and support the collaboration between science and magic. ER

An independent report by the Mental Health Taskforce, chaired by the Chief Executive of Mind, Paul Farmer, has set out recommendations for mental health care in the NHS. In the wake of this report, Prime Minister David Cameron called for greater focus on mental health in society and committed £1.2 billion extra per year to be spent on mental health by 2020.

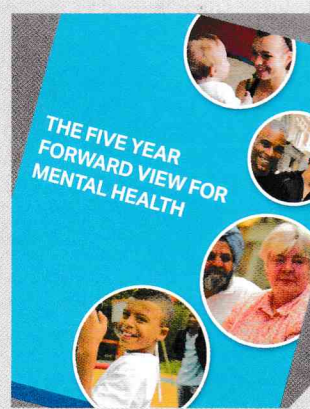
The report, *The Five Year Forward View for Mental Health*, recommends that there should be round-the-clock care available for people facing a mental health crisis. It calls for an integrated physical and mental health approach, including increased access for 30,000 more women a year to access specialist perinatal care.

Turning to prevention, the Mental Health Taskforce to the NHS in England calls for better access to mental health care for children, and the provision of support for those with mental health problems to gain, or stay in, employment. In addition the report looks at other societal issues known to affect mental health, for example building an evidence base for specialist housing support for vulnerable people with mental health problems.

Meanwhile a survey by the British Psychological Society, in conjunction with the New Savoy Partnership, has revealed that many psychologists are struggling with the issues they aim to treat: 46 per cent of psychological professionals said that they felt depressed and 49.5 per cent reported feeling they were a failure. One quarter said they had a long-term, chronic condition

and 70 per cent reported finding their job stressful.

We spoke to Chartered Psychologist Anne Cooke from Canterbury Christ Church University, editor of the Society's report *Understanding Psychosis and Schizophrenia*, for her view on these developments and the future of mental health services in the UK. She praised the Mental Health Taskforce report for its focus on prevention as well as treatment. 'I also welcomed its emphasis on alternatives to hospitalisation for people in acute crisis, although I was disappointed it didn't mention the huge potential of non-medical crisis houses – I have argued elsewhere that we need one in every town.'



Though Cooke agrees that the funding proposed by the government may help a little, she said the sources of strain on psychologists and therapists are multiple. 'Over 40 per cent in the recent BPS and Savoy Partnership survey named managerial fixation on targets as a reason for their stress.' She also suggested a need to tick boxes and 'fit' people into diagnostic criteria could lead to problems: 'Without the potential for flexibility, both

client and therapist may go away disappointed.' The emphasis on 'brands of therapy with their various techniques also risks devaluing those aspects of psychological care that we know are often the main "active ingredients": listening, time, compassion, care, adaptability', she added.

The social causes of psychological distress, which are numerous, are impossible to treat with individual therapy, Cooke said. 'Whilst major causes of mental ill-health, poverty and inequality, are growing exponentially, our current technocratic zeitgeist encourages us all to see our problems as individual and psychological rather than social. Psychologists need to broaden our focus and draw attention, for example, to the psychological impact of current policies.'

Cooke and fellow clinical psychologist Jay Watts recently published an article in *The Guardian* discussing these issues and have been inundated with messages from those who do not feel safe to speak out. Cooke said: 'I understand the pressure to present

a front of success, competence and ever-greater achievement in stretched times, to pretend we are okay, fine, good. Yet I also believe we must fight for and model an insistence upon organisational structures which make the intense emotional labour that our role requires sustainable... that recognise and contain workforce distress and try to refuse or relieve contextual pressures which cause it.' ER

I To read the Mental Health Taskforce report see tinyurl.com/gvc4or3

Our science in Scotland

Dr Sue Northrop, Vice Chair of BPS Scotland, reports from the BPS Scotland Annual Scientific Meeting 2016

Professor Peter Kinderman, President Elect of the British Psychological Society, opened BPS Scotland's 2016 Annual Scientific Meeting in February. He outlined three key ways that the Society makes a difference: through theory, science and knowledge; professional practice; and our value base. Professor Kinderman said that whilst the Society has an important role in supporting the membership, it also has a contribution to make in promoting the voice and impact of psychology to tackle the issues of our time. It was important that members actively set the Society's agenda and he urged members in Scotland to speak out about the issues that mattered to them.

The first speaker was Professor Rosalind Searle, sponsored by the Division of Occupational Psychology Scotland. Her talk – 'Trust matters – strategic choice to preserve or break and repair trust' – highlighted the impact of trust and its violation in organisations. Using data from two distinct studies, Professor Searle

outlined the impact of austerity, downsizing and major change on a range of public and private organisations. She examined the need to focus on the choice made by leaders – whether to try and preserve employee trust, or breach it and try to subsequently repair. Professor Searle showed how a choice to work in ways that build trust enabled one organisation to manage a downsizing process in a positive way. Line managers actively supported for people to talk about change, making it their priority. The emotional and relational aspects of change were recognised and supported. Despite major change, this organisation went on to increased employee trust levels.

Managing trust is critical to recruitment, retention and performance and is affected by various factors including the size of organisation, status in the hierarchy and sector. System factors such as procedural fairness and how things are done can have a major impact on trust, as can working with change as

a collective as well as an individual process. Managing trust is a strategic choice that leaders make and one that has a significant impact on all organisations, their staff and their efficiency.

The second speaker, Dr Anne Douglas, was sponsored by the Division of Counselling Psychology Scotland, and she spoke about the role of clinical psychology as a discipline in designing, managing and evaluating an NHS Mental Health whole-system response for asylum seekers and refugees of all ages in Glasgow. The service was developed following the 1999 Immigration Act when Glasgow becoming a dispersal city for asylum seekers and refugees. She developed an integrated service model, focusing on liaising with a wide range of services, removing barriers to accessing mainstream services and providing expertise to deliver therapy for those with problems related to complex trauma and also culturally complicated presentations. People using the service were dealing with

Drivers for driving changes

A new report has found the majority of older drivers to be in favour of tighter rules on checking the health and suitability of over-70s to drive, even if those checks could take them off the road. The Institute of Advanced Motorists worked with University of Warwick academics Dr Carol Hawley (Warwick Medical School) and psychologist Professor Elizabeth Maylor to survey more than 2600 drivers and former drivers on their opinions, habits and motoring history.

The Keeping Older Drivers Safe and Mobile survey and subsequent report, found over half of over-70s said they self-regulate to stay safe, by avoiding driving in challenging situations, such as busy traffic, after dark or in rush hour. While mature drivers travel significantly fewer miles than other age

groups, 84 per cent of them rated their driving ability as 'good to excellent' and only 6 per cent had ever considered giving up driving.

Hawley worked with Maylor for access to the Warwick University research volunteer panel, which provided nearly all of the respondents. Of those questioned 94 per cent agreed that GPs should be required to inform patients if their medical condition may affect

their fitness to drive, and half agreed that a flexible licensing system should be introduced that could restrict types of roads and conditions for some older drivers.

Despite that, a very high proportion of respondents were in favour of measures to increase their safety on the roads. Hawley said: 'Almost 60 per cent of those questioned said drivers should retake the driving test every five years after age 70; 85 per cent said drivers should pass an eyesight test every five years once they have reached 70; and more than half said that drivers aged around 70 should be required to have a medical examination.'

Respondents wanted certain rules to extend further than older drivers – 84 per cent agreed that all drivers should pass an eyesight test every 10 years after first passing, regardless of their

age. Researchers also found 82 per cent said that driving was very or extremely important to them, a figure that increases for women. Independence and convenience were cited as the main reasons for wanting to continue driving.

The report concluded that 'the vast majority of respondents agreed that doctors should be required to inform patients if their medical condition may affect their fitness to drive. This raises an important issue, as the literature highlights the complex nature of medical conditions, how they impact on driving performance, and the difficulty professionals face in making judgements over safety and when to advise an individual to stop driving... It is recommended that health professionals are made aware of the importance of advising their patients about driving.' ER



a range of issues including displacement, one aspect of which Dr Douglas described as 'cultural bereavement' – mourning the loss of all aspects of their home environment and culture. Many people had experienced major past trauma and were now also having to cope with the stress of the asylum process.

The new service, now called COMPASS, offers a culturally relevant model of therapy for asylum seekers and refugees. It also provides training and capacity building for other professionals and voluntary organisations. The direct service it delivers has included group work on establishing safety, groups for mother and babies, groups for parents and children in schools and also for unaccompanied young people. There is also a 'User Group', which gives asylum seekers and refugees the potential to influence the things that matter to them. Compass also has a dedicated Art Therapy and Occupational Therapy Service. Regular training placements are also offered to postgraduate trainees.

Developing the service has drawn on a wide range of psychological skills such as research, consultation, creating system change, dealing with conflict, legal report writing and advocacy so it is not solely therapy. The work demonstrates the role that psychology can play in creating new services and supporting wider system change.

AWARD FOR BRAIN INJURY WORK

Dr Jill Winegardner is to receive the Practitioner of the Year Award from the British Psychological Society's Professional Practice Board.

Six years ago Dr Winegardner came to Britain to work in the National Health Service as she was no longer able to do the kind of brain injury rehabilitation she wished in the USA. She was appointed lead clinical psychologist at the Oliver Zangwill Centre for Neuropsychological Rehabilitation in Ely, Cambridgeshire, where she still works.

Before coming to Britain Dr Winegardner founded and directed the Cleveland Metro Brain Injury Rehabilitation Programme in Ohio. After working there she moved to Nicaragua to help establish the field of neuropsychology in that country before moving to California to work in brain

injury rehabilitation there. She still supports a rural health charity in Nicaragua.

Dr Winegardner said:



'I am delighted to accept this award. My work at the Oliver Zangwill Centre has taught me the value of working in a solid team, and I think this award reflects the integrity and creativity of my team, including our founder Professor Barbara Wilson, without whom this would not have been

possible. I am grateful to my NHS Trust, Cambridgeshire Community Services, for supporting the

holistic neuropsychological rehabilitation here that is not possible in the US. Although I miss the California coast, I was happy to trade it to work in a health system founded on principles of access and fairness to all.'

Professor Jamie Hacker Hughes, President of the British Psychological Society, commented: 'California's loss is our gain – and we're very happy to have Dr Winegardner with us and very grateful too for all her work at the Oliver Zangwill Centre. Many congratulations to her on this award.'

I We will be interviewing Dr Winegardner in a future issue

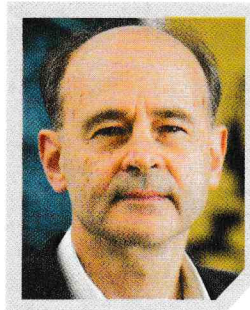
Lifetime achievement award

Professor Robin Morris is to receive this year's Lifetime Achievement Award from the British Psychological Society's Professional Practice Board.

Professor Morris has had a distinguished career nationally and internationally, for the last 26 years working at the Institute of Psychiatry, Psychology and Neuroscience (IoPPN) as head of clinical neuropsychology in the Maudsley and Bethlem Hospitals and then in King's College Hospital, London. He is also lead for neuropsychology in the newly formed Neurosciences Clinical Academic Group in the King's Health Partners Academic Health Sciences Centre.

Combining clinical work and research, he has applied his expertise in neuropsychology to researching a range of neurological and psychiatric disorders, including, more recently, people with dementia and cerebrovascular disorders. His work in the IoPPN has also encompassed epilepsy, attention deficit hyperactivity disorder, psychosis and eating disorders.

His research interests have included developing cognitive neuropsychological models in complex areas such as the 'self' in relation to memory processes and integrating neuropsychological and psychosocial frameworks concerning how to better understand neuropsychological disability.



Professor Morris has been awarded numerous competitive research grants, authored more than 250 scientific papers, supervised many PhD students and trained around 80 clinical psychology trainees in clinical neuropsychology. He said: 'In receiving the award I am profoundly grateful for the generosity and support of my colleagues and students.

I also feel very fortunate to have worked with many people at the forefront of neuropsychology, both in developing theories about how the mind and brain work, but also in finding new ways of helping people with neuropsychological conditions. I am looking forward to the next stage of my career, with neuroscience continuing to expand very rapidly and the likelihood of many new developments.'

Professor Jamie Hacker Hughes, President of the British Psychological Society, commented: 'I am delighted – particularly as a (much less eminent) neuropsychologist myself – to be able to offer my congratulations, on the Society's behalf,

to Robin on such a well-deserved Lifetime Achievement Award. His achievements in this field have already been immense and I wish him much further continuing success in the future.'

I We plan to hear more about Professor Morris's work with dementia in a future issue

Exploring psychologies of ageing

Elizabeth Peel, Carol Holland and Michael Murray report from a British Psychological Society seminar series

Three universities, Worcester, Keele and Aston, came together between May 2015 and February 2016 to explore psychologies of ageing: the range of social, critical, cognitive, biological and community psychology perspectives adopted when researchers and practitioners focus on the topic.

The first seminar of the series, hosted by the Association for Dementia Studies at the University of Worcester, discussed 'Ageing in Context: Identities and Diversities' with delegates including academics, healthcare workers and service users. Social research, recognising diversity in ageing across genders, sexualities, illnesses, contexts and lifespan trajectories (e.g. Peel & Harding, 2016), was to the fore. What does a recognition of different identities mean for ageing well? And how does psychology, health and social care best engage with identities and diversity within an ageing population?

Professor Dawn Brooker, Director of the Association for Dementia Studies, opened with a talk focused on maintaining personhood in advanced dementia through understandings of identity. She discussed the policy narrative around dementia, which has shifted from one that positioned dementia as 'the death that leaves the body behind' to notions of 'living well with dementia'. Bringing person-centred dementia care approaches alive through vivid personal illustrations based on life-story work, Brooker highlighted the importance of cohort effects in maintaining personhood, identity and sense of self (Brooker & Latham, 2015).

The second speaker was Christine Bryden, a key figure in the dementia self-advocacy movement (Bryden, 2015) who was diagnosed with younger onset dementia in 1995. She discussed her perspective on receiving a 'toxic dementia prescription' – a diagnosis that communicated hopelessness and helplessness. The moving talk offered a framework for those with dementia to find meaning, highlighting the key components of identity, connectedness, security, autonomy, meaning, growth and joy.

The final speaker, Professor Sue Wilkinson, discussed the challenge of identity in making advance decisions to refuse treatment (AD: see also the December 2015 issue). One in three of us will lose 'mental capacity' by the end of our lives: ADs allow an individual to make

decisions about future health care in advance of that. Professor Wilkinson focused on the challenges to personal identity posed by chronic disorders of consciousness, and by dementia, around issues of biographical continuity and rupture. She also discussed how a particular notion of identity is not universally shared, and how the concept may be shaped by, for example, gender, sexuality, ethnicity and religion.

As well as smaller group discussion there were 10 poster presentations addressing many different diversity and identity issues impacting older people, such as lesbian, gay, bisexual and trans issues in dementia (see tinyurl.com/hdnwfhx), visual impairment and intergenerational practice. For instance, Daniel Herron's research at Keele focused on understanding the subjective experiences of people with learning disabilities and dementia, and Jennifer Bray and Karan Jutla's research at Worcester considered awareness of dementia in black and ethnic minority communities. Taken together, this first seminar foregrounded chronic and long-term conditions that disproportionately affect older people, while moving beyond a traditional emphasis on the ageing individual, to explore the relational and social contexts of dementia care and end-of-life decision making.

The second seminar, hosted by the Aston Research Centre for Healthy Ageing, focused on 'Positive Ageing: Lifestyles and Living Well'. How do active or 'healthy' environments interact with personal variables such as coping styles, cognitive health, mobility and co-morbidities? The seminar examined the underlying issue of whether positive ageing and prevention of frailty, cognitive decline and dependency is all about reducing illness risk and neuropathies.

Dr Anne Hendry, National Clinical Lead for Integrated Care from NHS Scotland, provided the first talk. She

discussed initiatives implemented via a plan for active and healthy ageing, in particular the Reshaping Care for Older People programme. This was underpinned by an ambitious shift towards more preventative, anticipatory and coordinated care and support at home, delivered with local people and communities. A key thread throughout the day, and emphasised in this opening talk, was the malleability of frailty and the potentials for reversibility, leading to concepts of anticipatory care, prevention strategies and lifestyle issues such as physical movement and exercise (see tinyurl.com/h3h4s).

Next up was Dr Anna Phillips (University of Birmingham), who examined the impacts of stress on health in older age. Stress and depression can worsen immunity, particularly among older adults, as illustrated by the varying response to vaccination or in wound healing, for example after surgery.

Caregiving was highlighted as a source of chronic stress that has increased detrimental effects when combined with increased age. Dr Phillips outlined both positive and negative psychological and social factors that can boost or harm immunity, and she demonstrated that being even just a little more physically active can result in a positive response (Heaney et al., 2014).

Dr Sarah Bauermeister (University of Leeds) then discussed experimental research focused on cognitive variability and physical predictors of falls in older adults. Certain physical measures, such as poor grip strength, impaired balance or gait speed, are associated with falls. Focusing on more psychological measures, Bauermeister reported on her findings that deficits in executive function and greater 'cognitive variability' – the variation in trial to trial (or moment to moment) reaction time for a single person in a given cognitive task – were associated with a higher likelihood of falling. However, we were again shown evidence that both the physical and cognitive predictors of falls



can be positively affected by physical fitness and activity intervention (Bauermeister & Bunce, 2014).

The last speaker was Professor Eef Hogervorst (Loughborough University), who discussed the healthy lifestyle issues that can reduce dementia incidence. For example, she illustrated the dementia risk factors such as obesity, diabetes and high cholesterol that we may be familiar with, but also issues such as poor oral health and periodontitis. Hogervorst discussed current interest in the '5:2' concept, whereby people eat far fewer calories than normal for two days in each week, suggesting its positive effect on insulin control. The links between diet and exercise were discussed, with resistance exercise being positively supported in terms of links with cognition (e.g. see Hogervorst et al., 2012). Hogervorst also led a 'cooking for cognition' practical workshop, which demonstrated how combining some of the ingredients that have been associated with a reduced dementia risk (e.g. turmeric, olive oil and tempe) can be used in tasty meals (e.g. Soni et al., 2015). A concurrent workshop, facilitated by Maria Parsons of the Creative Dementia Arts Network Oxford, explored using creative arts to maintain the health and wellbeing of people with dementia: activities such as singing, dancing, reciting poetry or taking photos can help when words begin to fail us.

At the 'Lifestyles and Living Well' seminar, poster presentations included Emma Broome's PhD research at the University of Nottingham looking at factors that enable high-quality arts programmes in care homes, and two presentations on mild cognitive impairment from Heather Yemm at Worcester and Danielle Clarksmith and colleagues at Aston. ARCHA research on autobiographical memory training, older drivers' behaviour, rehabilitating word-finding difficulties, assisted living, and mobile diet diary app use also featured.

The final seminar, hosted by the Keele Initiative on Ageing, spotlighted 'Ageing in Place: Independence and Communities'. This seminar explored ways of enhancing community participation among older people, and involved delegates from local authorities, housing agencies, community organisations and advocacy groups. Many older people have lived in their neighbourhoods for a large part of their lives, yet social exclusion from social and civic activities can negatively impact people as they age. The first speaker, Guy Robertson from Positive Ageing Associates, overviewed some emotional and psychological aspects of 'positive ageing'

(Robertson, 2014). His interactive talk also focused on dispelling harmful 'myths' about ageing.

Older people's sense of self is strongly rooted in place. In the second talk, Professor Judith Sixsmith (Northampton University) described how on the one hand, the provision of home and community supports can enable people to successfully 'age in place' by improving physical and mental health, supporting social participation and enhancing independence; on the other hand, ageing in place can be an ideal forced on older people who are not fully integrated into the development, content and delivery of place-based supports. Using the case study of a community-based participatory research approach with low-income minority ethnic older people in British Columbia who were being re-homed by a non-profit housing provider, she emphasised the 'brokering' role of academics in building community partnerships, and developing shared interests and common goals, which then generate synergistic outcomes. By detailing the methodology (which included experiential walks with residents wearing 'GoPro' cameras) she demonstrated how research can be used to co-create meaningful housing solutions for older people transitioning into affordable housing.

Next up was Swansea University's Dr Charles Musselwhite, who explored auto-mobility, community connections and independence in later life. Drawing on a critical gerontological perspective, he discussed his research on older people giving up driving. Contrary to the notion that people's health and wellbeing deteriorate when they give-up driving, Dr Musselwhite found that older people can successfully give up driving with little or no ill effects. In part, he suggested, this is due to informal support networks and availability of services and shops, but moving beyond 'auto-mobility' is also due to changes in perception about different modes of transport and changing where activities are located. He also suggested that car-linked independence was a misnomer, and that the affective and interdependent aspects of travels are important in this context.

The seminar series was rounded-off with a talk from Paul McGarry (Manchester City Council) about the policy, practical, and fiscal challenges in building an age-friendly city. He situated the Manchester case study in a national UK context which, since 2010, has not had a national ageing strategy. Through the development of an age-friendly city network, innovative partnership working

has attempted to 'age-proof' universal services and promote innovative local initiatives such as the 'Valuing Older People Cultural Offer' in Manchester. McGarry discussed strategies for engaging people in times of austerity and budgetary cuts, and the advantage of applying an 'ageing lens' to services and city infrastructure. Establishing an 'age-friendly night club' in Manchester was symbolic of many of the initiatives he discussed to engender interdependence and community for those in later life.

Poster presentations at this final seminar included the effects of reading poetry (Richard Seymour, Keele), empowering older people in care settings (Peter Kevern, Staffordshire), structured autobiographical memory (Fiona Leahy, Aston) and intergenerational practice (Katie Wright-Bevans, Keele). There was also a display of some of the work from the New Dynamics of Ageing research programme (Beech & Murray, 2013).

There were numerous suggestions from those involved in the seminar series about future events, including isolation, ageist language, psychological interventions for dementia, involving older people in research, and facilitating the move from research to practice. Two hundred people were involved in this BPS-supported seminar series, we hope the conversation continues.

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5 minutes with...

Anna Sallis, Behavioural Insights Research Advisor at Public Health England

A recent trial involving more than 1500 GP practices found that writing to GPs about their antibiotics prescribing resulted in 73,000 fewer prescriptions over six months. The trial (see tinyurl.com/hwoagmr), a collaboration between Chief Medical Officer Dame Sally Davies, Public Health England (PHE), and the Behavioural Insights Team, was part of the government's plans to slow the growth of antimicrobial resistance. We spoke to Anna Sallis, a health psychologist at the PHE Behavioural Insights Team, for more on the trial and what the future holds for the team.

Why did you have an interest in working in the Public Health England (PHE) Behavioural Insights Team?

The potential to design and conduct robust behaviour change interventions that can have an immediate and widespread impact on supporting healthy choices attracted me.

I trained as a health psychologist whilst working as a government social researcher and later as a Senior Psychologist at the Department for Work and Pensions. My work involved applying health psychology theory and evidence to policy in health and work, sickness absence and welfare reform. Before this I worked at the Maudsley Hospital evaluating staff prevention and management of violence training.

Around the time I qualified in 2011, the Cabinet Office Behavioural Insights Team was becoming big news across government. This opened up many opportunities to apply behavioural science to policy, and I moved to the Department of Health to help set up their internal Behavioural Insights Team. Soon after this team was established and we had plenty of trials up and running, I moved on to become the expert adviser to the new PHE Behavioural Insights Team. I'm also on the British Psychological Society's Behaviour Change Advisory Group, and am Policy Officer for the BPS Division of Health Psychology.

Can you give me a little background in how this trial on social norms feedback came about?

PHE leads implementation streams of the cross-government UK Five Year Antimicrobial Resistance Strategy with

a remit to facilitate a reduction in total antimicrobial prescribing in primary care to 2009/10 financial year levels. Members of the research team had been involved in numerous policy trials demonstrating the impact of both behaviourally informed letters and social norms feedback on both health and economic outcomes. We know that social norms act as a marker for social comparison against which

recommends GPs take in order to reduce their prescribing levels (give patients advice on self-care instead, consider offering a delayed prescription instead, and talk to other prescribers to ensure they are also acting).

What's the future of the antimicrobial resistance work the team is doing?

We have a range of projects under way to deliver aspects of the UK Five Year Antimicrobial Resistance Strategy. These include translating the positive evidence from our social norms feedback randomised controlled trial (RCT) into routine practice, and we have been working with NHS England and the NHS Business Services Authority to send out similar letters in winter 2015/16 to all GPs in practices with high antibiotic prescribing rates.

We are currently implementing a cluster RCT with over 200 GP practices to test the impact of two interventions aimed at reducing patient demand for antibiotics and increasing GP commitment to not prescribing antibiotics when

they are not clinically indicated. I am also leading a review of primary care antimicrobial stewardship policies and programmes; the aim of the review is to classify the interventions into the Behaviour Change Wheel set out by Susan Michie and colleagues, to identify gaps and opportunities for policy.

We are also involved in wider PHE work contributing to projects led by others, including the evaluation of evaluating the impact of Antibiotic Guardian (a pledge-based campaign aimed at both public and healthcare professionals to raise awareness of antimicrobial resistance), interviewing community pharmacists about antimicrobial resistance and designing an intervention to reduce inappropriate antibiotic prescribing in out-of-hours services.



Anna Sallis has been part of the government's plans to slow the growth of antimicrobial resistance

individuals evaluate the appropriateness of their own behaviour compared to others. Observed discrepancies then motivate the individual to change their behaviour to be in line with their peers.

Although medical practices have access to their own and others' prescribing data, we do not know how many practices actively look at this and how much attention is paid to the information. Feeding back this data directly to named prescribers using a high-profile messenger (England's Chief Medical Officer, Dame Sally Davies) highlights not only how GPs compare with others, but also that others can and do use it to monitor prescribing behaviour. To move the intervention from a passive letter to an active intervention, we included 'behavioural instruction' in the form of three simple, concrete actions that the Chief Medical Officer

Starting a conversation on A-level psychology

Two university lecturers have written for The Conversation discussing concerns over whether the current A-level psychology exams and syllabuses, taught to students since September, are already out of date.

University of Sheffield Psychology lecturer Dr China Mills, and Dr Jenny Slater, a Lecturer in Education and Disability Studies at Sheffield Hallam University, also suggested that government policy focusing on 'nudge' techniques and 'fixing' certain behaviours affects psychology syllabuses. They suggested A-level psychology courses tend to focus on 'problems' in individuals and largely ignore societal effects on behaviour – they also link to articles from *The Psychologist*, including a letter from members of the British Psychological Society urging the psychological community to take societal factors in mental health into account: particularly austerity measures.



Dr China Mills

In their article (tinyurl.com/hplxdbu) Mills and Slater attempted to answer questions on sample psychology A-level exam papers published by AQA – the largest exam board. The question they focus on is: 'News correspondents in inner cities have remarked upon how young males frequently carry weapons and engage in threatening behaviour. Using your knowledge of evolutionary explanations of aggression, account for these high levels of aggression in young males.' Their answer asks critical questions about evolutionary theories and points to alternative evidence of the causes of aggression, including research showing that austerity can be linked to mental ill health and potentially feelings of powerlessness which may lead young men to carry weapons. They also suggest racial

discrimination within the police may lead young black and Asian men to feel anger at the levels of poverty and discrimination they are facing.

However, their answer would receive few marks according to the AQA marking criteria, which suggests the question should be marked thus: 'Male aggression derives from need to acquire/defend resources such as mates or territory (in the city) and/or to establish status (in groups of peers or between gangs); male aggression derives from sexual jealousy of other males who may have sex with or steal their mates.'

The authors point out they do not wish to criticise teachers who have to teach this curriculum but write: 'Rather we hope to start a conversation between students, A-Level teachers, and university teachers, lecturers and professors that could change the very terms by which we understand what psychology means, is, and does.' ER



Dr Jenny Slater

Club drug use in LGBT populations

New guidance has been published to address the needs of lesbian, gay, bisexual and trans people, particularly about club-drug use and high-risk sexual behaviours among these populations. The document, *Club Drug Use Among Lesbian, Gay, Bisexual and Trans (LGBT) People*, is aimed at clinicians, policy makers and commissioners, and guides improved service and treatment planning for these populations.

The report points to increasing evidence that in three distinct areas gay men, in particular, bear a disproportionate burden of ill health: sexual health, mental health, and the use of alcohol, drugs and tobacco. Produced by the NEPTUNE project, it describes patterns of club-drug use among these populations and also looks at the factors that may impact on the use of substances in LGBT populations.

NEPTUNE – the Novel Psychoactive

Treatment UK Network – was set up to provide guidance on the clinical management for the harmful effects of novel psychoactive substances and so-called club drugs. Its chair and Consultant Psychiatrist at CNWL, Dr Owen Bowden-Jones, said: 'Lesbian, gay, bisexual and trans people are entitled to quality services provided in a safe and appropriate environment, and to good health and wellbeing. It is the responsibility of policy makers, commissioners and front-line health staff to meet the needs of these populations and to strive for health equality.'

The document makes it clear that it should not be used to sensationalise drug taking among the LGBT community or risky sexual behaviours. While rates of drug use are higher than in the general population, most do not use substances, while among those who do use substances, most do so in ways not linked

with significant harm. Barriers to accessing health care are also key, with LGBT people less likely than the general population to seek help from health or social care services, or to reveal their sexual identity. The report also points to other areas of ill health where the LGBT population bears a greater burden compared with the wider population, such as mental ill-health.

Researcher Dr Dima Abdulrahim from CNWL, who co-wrote the document, said: 'The evidence strongly suggests that harm-reduction measures and treatment interventions must tackle drug use together with sexual health and mental health, the areas where LGBT populations bear a disproportionate burden of ill health.' ER

NEPTUNE is funded by the independent charity the Health Foundation; the full report can be found at tinyurl.com/jgo25b8

216 untranslatable words

One criticism levelled at positive psychology is that it takes an overly Western-centric view of the lighter side of human experience. Addressing that problem, Tim Lomas at the University of East London has begun a deep investigation into all the non-English words for positive emotions and concepts that don't have a direct translation in English.

Publishing his initial findings in the *Journal of Positive Psychology*, Lomas's hope is not only that we might learn more about the positive psychology of other cultures, but that hearing of these words might enrich our own emotional lives. Of course there is a long-running debate about how much words influence our thoughts and emotions. Few people these days would advocate the idea that you can't feel an emotion if you don't have a word for it. But Lomas argues that at a minimum, if you don't have a way of identifying a specific emotion or feeling, it 'becomes just another unconceptualised ripple in the ongoing flux of subjective experience'.

Lomas's method was to trawl websites devoted to 'untranslatable words' (i.e. words that don't have a single corresponding word in English), then to do some Googling and finally to consult colleagues and students. This way he ended up with a list of 216 untranslatable words for positive emotional states and concepts. To find approximate English definitions of the words he used online dictionaries and academic references. Here are some examples of the untranslatable positive words that Lomas has organised into three main categories:

Words relating to feelings, including the subcategories of positive and complex feelings (definitions are taken from Lomas's paper):

Gula – Spanish for the desire to eat simply for the taste

Sobremesa – Spanish for when the food has finished but the conversation is still flowing

Mbukimvuki – Bantu for 'to shuck off one's clothes in order to dance'

Schnapsidee – German for coming up with an ingenious plan when drunk

Volta – Greek for leisurely strolling the streets

Gokotta – Swedish for waking up early to listen to bird song

Suaimhneas croi – Gaelic for the happiness that comes from finishing a task

Iktsuarpok – Inuit for the anticipation felt when waiting for someone

Vacilando – Spanish for the idea of wandering, where the act of travelling is more important than the destination

Gumusservi – Turkish for the glimmer that moonlight makes on water

Words relating to relationships, including the subcategories of intimacy and more general prosociality:

Nakama – Japanese for friends who one considers like family

Kanyininpa – Aboriginal Pintupi for a relationship between holder and held, akin to the deep nurturing feelings experienced by a parent for their child

Gigil – Philippine Tagalog for the irresistible urge to pinch or squeeze someone because you love them so much

Kilig – Tagalog for the butterflies in the stomach you get when interacting with someone you find attractive

Sarang – Korean for when you wish to be with someone until death

Myotahapea – Finnish for vicarious embarrassment

Mudita – Sanskrit for revelling in someone else's joy

Karma – the well known Buddhist term for when ethical actions lead to future positive states

Firgun – Hebrew for saying nice things to someone simply to make them feel good

Asabiyyah – Arabic for a sense of community spirit

Words relating to character, including the subcategories of resources and spirituality:

Sitzfleisch – German for the ability to persevere through hard or boring tasks (literally 'sit meat')

Baraka – Arabic for a gift of spiritual energy that can be passed from one person to another

Jugaad – Hindi for the ability to get by or make do

Desenrascanco – Portuguese for the ability to artfully disentangle oneself from a troublesome situation

Sprezzatura – Italian for when all art and effort are concealed beneath a 'studied carelessness'

Pihentagyu – Hungarian for quick-witted people who come up with sophisticated jokes and solutions (literally 'with a relaxed brain')

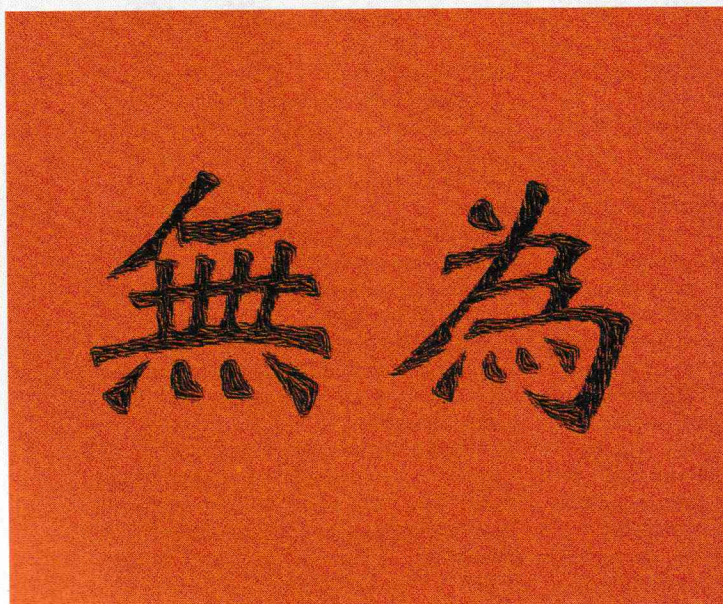
Kao pu – Chinese for someone who is reliable and responsible and gets things done without causing problems for others

Prajna – Sanskrit for intellectual wisdom and experiential insight

Wu-wei – Chinese for 'do nothing' (literally) but meaning that one's actions are entirely natural and effortless [left, and see the recent *Psychologist* article on this concept]

Bodhi – Sanskrit for when one has gained complete insight into nature

Lomas is continually updating his list online and he welcomes any suggestions. He says compiling the list is just the start of this project – as a next step he suggests that each word now deserves its own paper 'explicating and analysing them in rich detail'. CJ
There will be more to come from Lomas in a future issue.



In *Journal of Positive Psychology*

Working memory training could help beat anxiety

In *Biological Psychology*

One thing anxiety does is to upset your brain's balance between focus and vigilance. Your control over what you pay attention to is sacrificed at the expense of worrisome thoughts and a rapid response to any potential danger.

If this account is true, basic attention training should help, putting you back in charge of your own mind. A key component of attentional control is working memory – our ability to juggle task-relevant information in mind over short-periods of time. In a new paper in *Biological Psychology* a team led by Nazanin Derakshan at Birkbeck, University of London, has tested whether computer-based working memory training can reduce anxiety.

The training involved a kind of task that often features in 'brain training' games, where it's marketed as a way to become cleverer or more successful. In psychology it's known as the established dual n-back task, and the researchers used a version that got progressively harder as participants improved.

Specifically, 13 young, anxious student participants had to listen to streams of letters and simultaneously look at a changing grid of squares, and press a key whenever the current letter or highlighted

square was the same as the one that occurred a certain number of items earlier in the stream. The difficulty of the task was intensified by requiring the participant to compare the current square and letter with items further back. They completed 30 minutes of this training each day for 15 days. A control group of 13 anxious students spent the same time on an easy version of the task that didn't vary in difficulty as they improved, so it was unlikely to boost their working memory abilities.

Before and after the training, all the students completed a series of measures of their anxiety and their ability to perform under stress.

The working memory training group showed improvements (not only on the n-back task) but also in their performance during 'safe' and stressful trials of what's known as the flanker task – this involves responding to the direction of a target arrow while ignoring distracter arrows pointing the other way. During stressful trials the researchers blasted the participants with white noise. The control group only showed improvements during the safe trials, not the more difficult stressful trials.

The training group, but not the control group, also showed changes to

their brain waves (recorded via electroencephalography) – specifically they exhibited a reduced ratio of theta to beta frequency waves while they were resting. This is a neural sign that they were more relaxed. In the training group, those who showed the biggest improvements in working memory performance also showed greater reductions in their self-reported anxiety symptoms post-training. There was one null result – on an eye movement test (a version of the 'anti-saccade task'), the training group did not show any post-training benefits compared with the control group.

Caution is in order because there were so few participants and we don't know how long the apparent benefits of working memory training will last. The researchers characterise their results as a 'proof of principle', and it's certainly exciting to think that a simple computerised task could help people become less anxious, simply by improving their basic memory skills.

Writing on her university's research blog, Professor Derakshan says 'the implications of improving attentional control are enormous in education and clinical science. Targeting and training working memory...holds the potential to protect against longer term under-achievement in anxious pupils. It can also protect against the development of clinical anxiety which can be debilitating to the individual.' CJ

How the home crowd affects football referees' decisions

In *International Journal of Sport and Exercise Psychology*

One of the most thorough investigations into referee bias has found that they tend to apply harsher foul punishments against the away team. The new results, published in the *International Journal of Sport and Exercise Psychology*, suggest that experienced referees are just as prone to this bias as their less experienced colleagues.

Andrés Picazo-Tadeo and his team analysed data from 2651 matches played in the First Division of La Liga, the Spanish Football League, between the 2002/3 and 2009/10 seasons, inclusive. Unlike previous research, they were careful to consider the referees' foul decisions separately from the awarding of penalty cards (given as punishment for serious fouls). It's been shown before that referees tend to award more free kicks and cards in favour of the home team, but this is not strong evidence for a home team bias because it's possible that away teams simply tend to commit more fouls. The new research specifically looks not just at the distribution of referees' foul decisions between home and away teams, but it also examines separately how

harshly referees punish any fouls.

In fact, the research uncovered no difference in the number of fouls that referees attributed to home and away teams. But after a foul, referees tended to punish away teams more harshly with more yellow and red cards, and this was especially the case when the home crowd was larger. The presence of a running track between the pitch and the crowd made no difference, and, as mentioned, neither did referee experience. The basic result complements a recent lab study that also found that simulated crowd noise influenced referees to punish fouls more severely.

Picazo-Tadeo and his colleagues speculate that perhaps referees' initial foul decisions are made relatively automatically, in the heat of unfolding play, thus making them immune to social pressure from the home crowd. In contrast, after play has halted, the referee has time to decide on the severity of the infringement and here the noise of the crowd may sway their thinking – indeed, they may even, without realising they are doing it, use the noise of the crowd as a

cue for the seriousness of the foul. This would inevitably bias their decisions against the away team because of the noisy protests of the larger home crowd whenever one of their players was the victim of a foul.

An important caveat is that although the study took account of the number of fouls made by each team, the researchers don't have any objective measure (beyond the referees' card decisions) of the actual seriousness of the fouls committed. It's possible that away teams tend to commit more serious fouls than home teams, which if true would undermine the results.

Notwithstanding this possibility, the researchers said their results suggest that local supporters can influence referee decisions after a foul has been called. 'One recommendation for supporters is that they should exert more social pressure in the moments immediately after a referee indicates that the away team has committed a foul,' they said. Meanwhile, they recommended that referee training incorporate lessons on how to ignore irrelevant cues, such as crowd noise. CJ

Here's a really simple trick that could help you enjoy more lucid dreams

In *Psychosis*

As you're reading this silently to yourself, do you hear an inner voice speaking the words in your head? A new paper published in *Psychosis* suggests that most people do hear an internal voice when they're reading. But as this is one of the first ever investigations into the question, and it used an unconventional methodology, it's fair to say the results are far from conclusive.

Ruvanee Vilhauer at New York University took advantage of questions about the phenomenon posted on Yahoo! Answers, the largest English language Q&A website in the world (where people post questions and members of the community chip in with their answers). She found 24 relevant questions posed between 2006 and 2014, and 136 answers in which people described their own experiences when reading.

Vilhauer analysed all the relevant content and looked for recurring themes and insights. Overall, the vast majority (82.5 per cent) of contributors said that they did hear an inner voice when reading to themselves, 10.6 per cent said they didn't, and the status of the remaining contributors was unclear. Of those who said they

heard an inner voice, 13 per cent said they did so only sometimes, with various factors tending to increase the likelihood of this happening, such as their interest in the text.

Among the contributors with an internal reading voice, another key theme was whether or not they only ever heard the same voice (this was true for about half of them) or a range of different voices. For those who heard different inner voices, these tended to vary based on the voice of the character who was speaking in a story, or if it was a text message or email, on the voice of the sender. For people who only ever heard the same internal reading voice, this was usually their own voice, but it was often different in some way from their speaking voice, for example in terms of pitch or emotional tone. Some contributors described or implied that their inner reading voice was just the same as the inner voice they used for thoughts.

Nearly all those who said they had an inner reading voice or voices referred to it being 'audible' in some way, for example they spoke of its volume or depth or accent. Another issue that came up was the controllability of the inner reading voice. Some contributors spoke of the voice as distracting or even scary, while others said they deliberately chose the voice they used. You can see why this paper was published in the journal *Psychosis*. Indeed, Vilhauer said that the insights from her analysis provided some support for theories that say auditory hallucinations are inner voices that are incorrectly identified as not belonging to the self.

Why has this topic been largely overlooked before now (although there is 2011 research from Ruth Filik and others, and Charles Fernyhough's forthcoming book *The Voices Within*)? Vilhauer's study hints at an answer because she found that many people assumed that their inner experiences when reading were shared by everyone. This worked both ways, so some of the people who had an inner reading voice were convinced of its normality: 'We all hear our voices in our heads at times – even those of others we know – especially while reading,' said one Yahoo contributor. Yet others who claimed to have no inner voice felt they were the normal ones. For example, in response to a question posted on the site about whether anyone else hears an inner voice while reading, one responder said 'Nooo. You should get that checked out' and another wrote, in capitals: 'NO, I'M NOT A FREAK'.

Vilhauer speculates that perhaps psychologists have failed to study this question because they've simply assumed, like many of the Yahoo contributors, that there's no variability in this and everyone has the same reading experience as they do. CJ

LINK FEAST

All in the Brain?

British psychologist Richard Bentall has written an open letter to Stephen Fry, asking him to stop describing his mental illness as a purely biomedical problem when speaking about it to the public. Peter Kinderman directed one at the BBC.

<https://blogs.canterbury.ac.uk/discursive/all-in-the-brain>
<http://peterkinderman.blogspot.co.uk/2016/02/open-letter-about-bbc-coverage-of.html>

Psychology's Replication Crisis Has a Silver Lining

Harvard psychologist Paul Bloom argues at The Atlantic that it's an opportunity for the field to lead.

tinyurl.com/htlj85a

Angela Duckworth on Grit: The Power of Passion and Perseverance

The US psychologist appeared on the latest episode of The Psychology Podcast with Scott Barry Kaufman.

tinyurl.com/zegeuyy

How Do You Keep Mentally Strong?

As part of the BBC's 'In the Mind' series, people have been sharing their tips for coping with mental ill health.

www.bbc.co.uk/news/health-35594301

Why Your Brain Actually Works Better in Winter

Over at New York's Science of Us, the editor of our Research Digest looked at some new and old research findings that seem to debunk the myth of the winter blues.

<http://nymag.com/scienceofus/2016/02/debunking-the-myth-of-the-winter-blues.html>

Altered Tastes

Can the new science of neurogastronomy – and one very creative chef – convince us that healthy food is delicious? Maria Konnikova at the New Republic meets Heston Blumenthal.

<https://newrepublic.com/article/128899/man-will-transform-eat>



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Psychologists have looked into the importance of the pre-interview chitchat

In *Journal of Applied Psychology*

As a fan of fair job assessment, I'm bugged by the freeform chatter that kicks off most interviews – it allows influential first impressions to be formed in a yak about the traffic or some other trivial topic that has nothing to do with the job. It's true that interview structures have become more standardised over the years, but a new study suggests this isn't enough to counter the effect of early rapport. The research goes to the heart of my concern: Do first impressions actually provide important information, or simply introduce unfair bias?

Bryan Swider at Scheller College of Business at the Georgia Institute of Technology and his colleagues analysed the outcomes of mock interviews involving 163 accountancy students, who were rated by interviewers on their answers to 12 standardised questions. However, before the formal questioning period, the interviews began with a few minutes of rapport building, after which the interviewers noted down their first impressions. Did these preliminaries influence the overall interview scores?

They did. The overall scores given by the interviewers differed from those given by a separate set of expert reviewers, who were given video access only to the main Q&A phase, and whose ratings were therefore uncontaminated by informal first impressions. The discrepancy between this expert baseline and the interviewer scores was partly explained by taking interviewer first impression ratings into account – those students who made a good initial impression tended to receive more favourable scores from the interviewers for their answers to the formal questions, especially the first few, with the effect tailing off as the interview gathered pace.

What explains the influence of those first impressions? The expert raters also produced an

'image score' for each interviewee based on their physical appearance, voice and body language. Participants who scored higher for image were especially likely to receive inflated scores from the interviewers, suggesting that at least one of the influences of those first impressions was to do with good image management: suave candidates make better impressions.

But this wasn't the whole story – something non-image related was also going on.

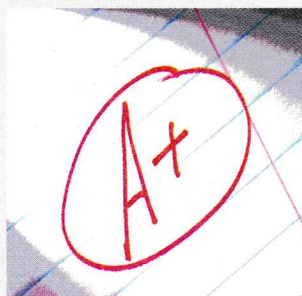
Past work by Swider and one of his co-authors, Murray Barrick, shows that positive first impressions are associated with candidate verbal skill and extraversion, two features that may be legitimately useful to the job. Consistent with this, in the current study the interviewers' first impression scores correlated with the expert raters' overall scores (which remember were based purely on the formal Q&A part of the interviews), suggesting that the early rapport gave a genuine preview into how the candidates would fare with the meat of the interview. All in all, the influence of interview first impressions may be partly unfair and superficial, but also communicate information that's genuinely informative.

If we want to reduce the impact of first impressions, the authors suggest buffering the main part of the interview from the rapport phase with a few un-scored questions that soak up the effect. Explicitly rating the first impressions on criteria that can be tied back to the job (eloquence, flexibility) also makes things fairer. Beyond that, the researchers argue it is difficult to do away with early chitchat – it's expected by both parties and a good way to ease in to what is a stressful social situation. Looking at the mixed nature of first impressions, perhaps it's best to make peace with informal interview chat rather than trying to fight it. **AF**

DIGEST DIGESTED

Full reports are available at www.bps.org.uk/digest

Teenagers with a history of offending were found to be unusually skilled at spotting when their peers were lying. However, the cue they said they used – eye movements – was not actually related to lying, suggesting that the offenders' deception-detection skill is intuitive. *Applied Cognitive Psychology*



A twin study has raised doubts about the relevance of the personality trait of 'grit' to school students' success in exams. Grit accounted for just 0.5 per cent of the variation in GCSE exam performance once the participants' Big Five personality trait scores were taken into account. *Journal of Personality and Social Psychology*

Participants looking at LEGO scenes were especially good at spotting any changes to the scenes that involved LEGO people, as opposed to other LEGO elements. This is similar to the attentional advantage previously demonstrated for animals and humans in real-life scenes, suggesting that on some level we automatically process LEGO people as if they are alive. *Canadian Journal of Experimental Psychology* (See also a 'LEGO special' in The Psychologist app!)

It's natural to try to persuade people using facts, but often this approach backfires making the target of your persuasion even more committed to their original views. A new study suggests this is especially likely to happen when the person's views are tied to their sense of identity, which makes them see your facts as a threat. *Discourse Processes*

A comparison of believers in psychic powers and sceptics has found that both groups have the same level of memory skills, but that the former have weaker analytical skills. The finding could help explain why belief in psychic powers remains so common in the absence of scientific evidence. *Memory and Cognition*

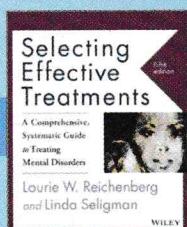
We're often told that we could improve our negotiation skills by feigning anger and other emotions. However, a new study finds that feigning anger can have longer-term costs for relationships, which the researchers describe as a 'blowback effect'. *Journal of Applied Psychology*



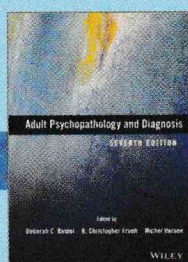
A systematic review has looked at all the available data on the personality differences between university students studying different subjects. There are reliable differences, including the finding that psychology students are often more neurotic and more open-minded than students studying other subjects. *Personality and Individual Differences*

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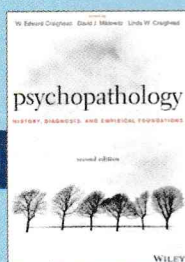
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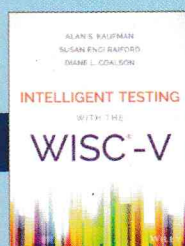
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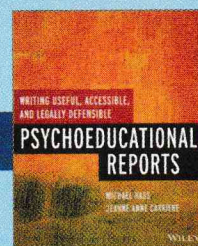
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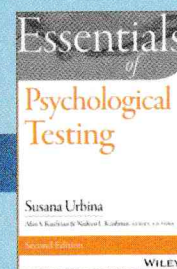
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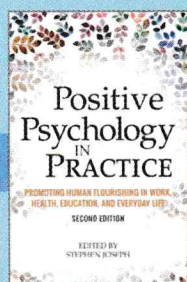


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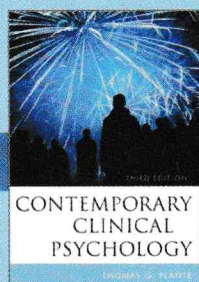


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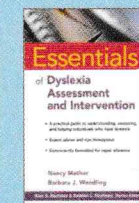
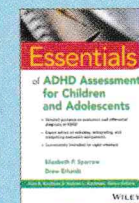
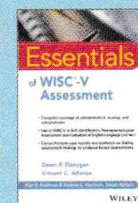
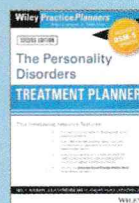
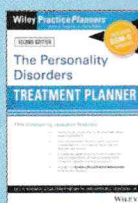
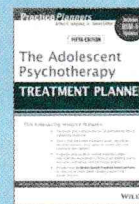
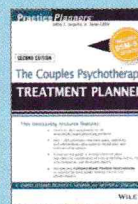
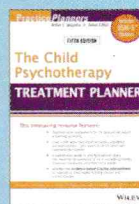
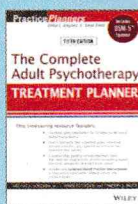
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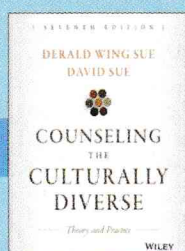
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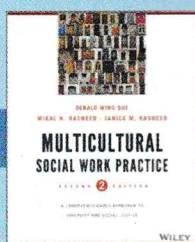


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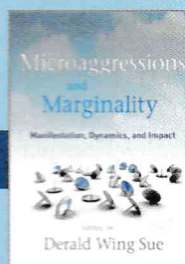
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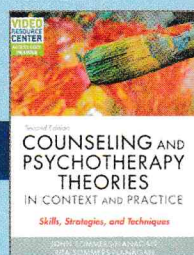
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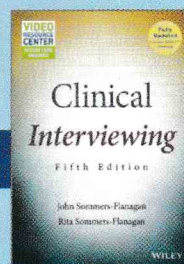
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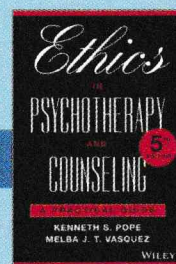
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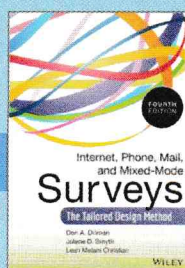


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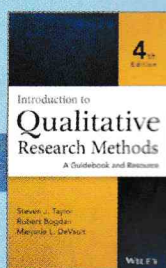


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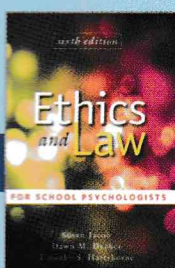
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The silent companions

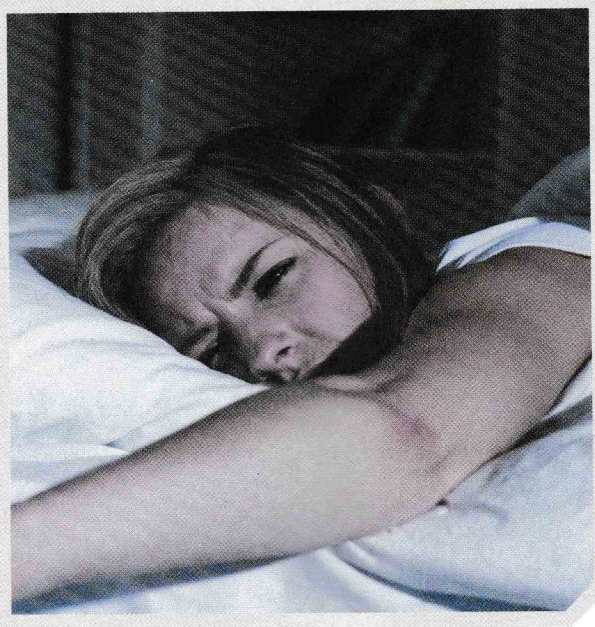
Ben Alderson-Day considers explanations for 'feelings of presence'

At last I must have fallen into a troubled nightmare of a doze; and slowly waking from it – half steeped in dreams – I opened my eyes, and the before sunlit room was now wrapped in outer darkness. Instantly I felt a shock running through all my frame; nothing was to be seen, and nothing was to be heard; but a supernatural hand seemed placed in mine. My arm hung over the counterpane, and the nameless, unimaginable, silent form or phantom, to which the hand belonged, seemed closely seated by my bed-side... I knew not how this consciousness at last glided away from me; but waking in the morning, I shudderingly remembered it all, and for days and weeks and months afterwards I lost myself in confounding attempts to explain the mystery. Nay, to this very hour, I often puzzle myself with it. (*Moby-Dick*, Herman Melville)

Someone is there; at your side, or just behind you. A feeling of a person or agency, without being heard or seen. It is a felt presence, one of the most unusual experiences a person can have, and yet also a feeling that

will be familiar to many. Sometimes referred to as sensed presences or extracampine hallucinations, such experiences are described in a wide variety of sources and contexts, including survival situations, bereavement, sleep paralysis, and neurological disorder.

In the above passage, Melville describes a felt presence on waking from sleep. A range of unusual experiences occur in the no-man's land between sleep



During paralysis many people describe the intense feeling of someone or something being in the room

and waking, usually including short bursts of speech or visions in the transition to sleep (hypnagogic hallucinations) or fragments from dreams on awakening (hypnopompic hallucinations) (Jones et al., 2009). Felt presences in particular are a common feature of sleep paralysis. This is a phenomenon that will occur to one third of the population at some point in their lives (Cheyne & Girard, 2007; see also tinyurl.com/jscf0809), in which the awakening from sleep is accompanied by muscle paralysis and breathing problems. During paralysis many people describe the intense feeling of someone or something being in the room, often with a distinct location, occasionally moving towards them, in some cases pushing down on the person's chest, and provoking a strong sense of dread. Folk accounts of visits by demon-like nightmares, incubi and succubi are thought to derive from such sleep paralysis experiences (Adler, 2011).

More benevolent presences are also reported, however, with perhaps the most common examples coming from people who have recently been bereaved. In a review last year, Castelnovo and colleagues (2015) reported that up to 60 per cent of cases of bereavement are associated with some kind of hallucinatory experience, of which 32–52 per cent were felt presences. Strong feelings of loved ones still being present are often described in the first month of bereavement, but they can in some cases persist for many years. In contrast to sleep paralysis, the presence experienced is typically associated with comfort and longing rather than any sort of malevolent intent.

Similarly benevolent experiences are also reported by people in extreme survival situations. Known collectively as 'Third Man' experiences (see box,

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over), accounts of guiding or accompanying presences in polar treks, mountaineering expeditions, sea accidents and natural disasters are numerous. The presences described are usually human-like, close by and feel like they share an affinity with the person experiencing them. Occasionally they are associated with sounds or words (Geiger, 2010, p126), or vague visions, such as a shadow or outline, but more commonly such presences are described without any sensory correlates. Like other presence experiences, though, the Third Man usually takes up a distinct spatial location, in some cases appearing to lead those in peril to safety.

The other common contexts in which presences occur are various neurological and psychiatric diseases, such as Parkinson's disease (PD) and Lewy body dementia, and following traumatic brain injury. Sensations of presence are a frequent feature of PD with one recent study reporting a 50 per cent prevalence rate (Wood et al., 2015). Presence experiences in PD are usually experienced without particular affect or intent, and they are reported as being felt alongside or just behind the patient (Fénelon et al., 2011). They are sometimes referred to as extracampine hallucinations, although strictly these refer to subtly different phenomena; following Bleuler (1903), extracampine hallucinations refer to unusual sensory experiences that go beyond the possible sensory frame; for example, one might describe seeing something occur behind you, or feeling a distant object move over your skin. Sensed presences, in contrast, are usually defined as having no clear sensory phenomenology (Sato & Berrios, 2003) and yet still feeling like a perceptual state (as opposed to a belief about someone being present, for example).

What's going on?

Despite coming from such different contexts, the overlapping phenomenology of presence experiences raises the

intriguing question of whether some underlying cognitive and neurological mechanisms may unite their occurrence. There are broadly three main hypotheses that attempt to explain felt presence: body-mapping, threat, and social representation (see Cheyne, 2011, for a review).

The most common interpretation of presence experiences is that they represent some kind of disruption to the internal mapping of one's own body. Along with presence experiences, survival scenarios are associated with a variety of autoscopic phenomena, such as out-of-body experiences or seeing one's own doppelgänger. Given that felt presences in such situations often feel like they are linked to the person having the experience, it has been suggested that they may be a projection of one's own body-map, prompted by extreme conditions and stress (Brugger et al., 1997).

This idea is supported by evidence from neuropsychology and neurostimulation. Presence and autoscopic experiences can follow damage to a range of brain regions, but are often prompted by lesions to areas associated with interoception and body position, such as insular cortex and the temporoparietal junction (TPJ) (Blanke et al., 2008). The experience of a close-by presence can also be elicited by electrical stimulation to the TPJ, suggesting a key role for that region in the representation of presence (Arzy et al., 2006).

One thing that a body-mapping account misses out is the role of affect in presence experiences. In particular, presences during sleep paralysis are experienced as strongly negative phenomena, prompting fear and distress

Meet the author

'This piece was developed from a *Guardian* article, 'The strange world of felt presences', that I wrote with David Smailes (Leeds Trinity University): see tinyurl.com/ozptw8e. I joined the Hearing the Voice project at Durham University three years ago, and through that I've been lucky to have the opportunity to speak to a number of voice-hearers and clinicians about what it's like to have the experience. One thing that kept coming up was a sense of many "voices" having a strong sense of character or identity – including, in some cases, a feeling of presence. This is important because it has implications for cognitive and neuroscientific research on voices – which has often focused more on speech and language – and reflects a number of popular therapeutic approaches to managing unpleasant voices. Since then I've been interested in exploring the ways in which unusual experiences might relate to inner speech, dialogue, and social cognition.'



Dr Ben Alderson-Day
is a Research Associate in the
Department of Psychology at
Durham University
benjamin.alderson-day@durham.ac.uk

in the sleeper and involving the perception that the entity in the room has untoward intent. Based on this, Cheyne and colleagues (e.g. Cheyne & Girard, 2007) have argued that sleep paralysis presences in particular may result from the mistaken detection of threat in the environment. Specifically, they suggest that the experience of waking while paralysed, and the continuation of REM-state brain activity related to dreaming, prompts a threat-activated vigilance system that provides the feeling of malevolent presence.

Finally, Nielsen (2007) and Fénelon et al. (2011) have described the experience of presences as a social hallucination (i.e. a kind of pure perception of social agency,

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Hayward, M., Berry, K. & Ashton, A.

divorced from its ordinary sensory correlates such as a face or voice). While presences vary in body position and emotional affect, they very often feel like they have a specific identity with its own agency (irrespective of whether that identity is actually known to the perceiver), suggesting the involvement of social-cognitive processes. Fénelon et al. (2011) argue for this by pointing to the

common occurrence of presences with known and familiar identities in PD, which in many cases will be people who have just left a scene (what they term 'palinparousia'). Similarly, in presences following bereavement, the persisting identity of the perception is a clearly crucial part of the experience.

Of these three explanations, the body-mapping theory has perhaps the most

evidence to date, but accounts emphasising the social, agentic and affective elements of presences are also likely to be crucial. Understanding how comforting presences can occur in grief while terrifying presences haunt sleep paralysis will depend on further examination of what drives such vivid alterations and dissociations to the mappings of self and other. And in addition to this, each may also have something to say about another unusual phenomenon: hearing voices.

'Sometimes you just know he's there'

Hearing the Voice is an interdisciplinary research project at Durham University funded by the Wellcome Trust. It was created in 2012 with the aim of investigating the phenomenology of hearing voices that no one else can hear (sometimes known as auditory verbal hallucinations). At one of its first research meetings, a voice-hearer, Adam, described the voice that he heard in the following way: 'You know, sometimes he doesn't even have to say anything; sometimes you just know he's there'. That is, the 'voice' that Adam often heard speaking could somehow be perceived, even when it was silent; as if it had an identity or agency that could be present without its 'usual' sensory form as a heard object.

Interpreting the phenomenology of this apparently paradoxical experience has to be done carefully. Voices without sound do in fact have a long psychiatric history – Bleuler (1911/1950) made reference to such 'soundless voices' in his original descriptions of hallucinations – but usually these denote specifically verbal or linguistic experiences that lack an auditory phenomenology. Instead, Adam's description of a voice-identity, that just happened to be silent, seems closer to Nielsen's (2007) idea of a



Spirits, magnetic fields and extrasensory perception

Unusual feelings of presence have always been associated with similarly unusual or unorthodox interpretations. Some presence experiences appear to share qualities with the feeling (and subsequent discovery) of being stared at; a phenomenon argued to be a real faculty of perception by

some (Sheldrake, 2005), but without any strong empirical basis (e.g. Colwell et al., 2000). Persinger and colleagues (e.g. Booth et al., 2005) have argued that felt presences can occur as a result of changes to the earth's magnetic field, although such effects seem likely to arise

from participant suggestibility (Granqvist et al., 2005). Finally, some psychotherapists and spiritual healers consider presences to be evidence of an entity that must be persuaded to depart its host; a controversial approach known as 'spirit release' therapy (Powell, 2006).

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purely social representation: in other words, a felt presence.

Although this kind of experience is not necessarily a frequent part of how voice-hearers describe their experience, it is also not a one-off. Anecdotally voice-hearers will talk about their voices being present without speaking, taking up spatial positions even when silent, and in some cases 'looking' at the world alongside the voice-hearer. In the Hearing the Voice phenomenology survey published last year (Woods et al., 2015), 69 per cent of a sample of 153 voice-hearers described their voices as being characterful or having a distinct personality, while 66 per cent associated their voices with unusual bodily sensations or changes. And in some cases, descriptions of presence were explicitly made:

I have never encountered anyone with as powerful a presence as my voices. They are loud and feel enormous. ...They feel very much here when I hear them.

In these cases, the idea of a voice not just being an auditory experience, but also one with a social and agent-like presence becomes much more tangible (Alderson-Day & Fernyhough, in press).

Thinking about hearing voices in this way is not necessarily new. Bell (2013) and Wilkinson and Bell (2016) have argued for social representations being key to understanding how voices are experienced and persist over time; various psychotherapeutic approaches focus on the social relations that voices seem to create (e.g. Hayward et al., 2011), and the Hearing Voices Movement itself has long argued for an understanding of the experience that involves interaction with voices as meaningful entities.

What research on felt presence has to offer is a comparative perspective on how feelings of agency and accompaniment could come about in similar ways, albeit

Shackleton's 'Third Man'

The 'Third Man' factor takes its name from *The Waste Land* by T.S. Eliot.

Who is the third who walks always beside you?
When I count, there are only you and I together
But when I look ahead up the white road
There is always another one walking beside you
Gliding wrapt in a brown mantle, hooded
I do not know whether a man or a woman
– But who is that on the other side of you?

Eliot's description was based on his memory of reading about one of Ernest Shackleton's Antarctic expeditions. Referring to the lines in his notes on *The Waste Land*, he wrote 'it was related that the party of explorers, at the extremity of their strength, had the constant delusion that there was one more member than could actually be counted'.

While for the poem Eliot specifically chose two travellers and a companion, in fact the third man was number four: the story that Eliot recalled came from the experiences of Shackleton, Tom Crean and Frank Worsley when they crossed South Georgia during the Imperial Transantarctic Expedition in May 1916. Following the loss of the *Endurance* to pack ice, the expedition had decamped to the harsh and inhospitable Elephant Island. Shackleton and five others then crossed 800 miles of the Southern Ocean in an open lifeboat in an attempt to reach help for the rest of the crew, with Crean, Shackleton, and Worsley making the final journey across the interior of South Georgia itself. During their 36 hour trek to the north coast of the island, all three men were convinced that they were accompanied by a fourth on their journey. As put by Worsley: 'I again find myself counting our party – Shackleton, Crean, and I and – who was the other? Of course, there were only three, but it is strange that in mentally reviewing the crossing we should always think of a fourth, and then correct ourselves' (Thomson, 2000).



in very different scenarios. For example, the involvement of the TPJ in presence experiences overlaps with evidence from voice-hearing: the posterior section of the superior temporal gyrus, extending up into the TPJ area, is often implicated in fMRI studies of hallucination occurrence (Jardri et al., 2011); the TPJ is a target for neurostimulation in the treatment of problematic voices (Moseley et al., 2015); and there is evidence of resting connectivity differences in the same area in voice-hearers (Diederen et al., 2013).

The TPJ is a multimodal area that is both anatomically and functionally diverse, so clear overlaps between voice and presence experiences are yet to be established. Nevertheless, for such phenomenologically unusual experiences,

any clues that may shed light on overlapping or similar cognitive and neurobiological mechanisms are important to consider. And feelings of presence arguably provide a wealth of such clues: understanding the Third Man provides a model for how one's own body could create the feeling of another; explanations of sleep paralysis highlight the role of negative affect and threat in driving unusual experiences; while the presences that follow bereavement provide examples of how identity without form can persist over time. Taken together, accounts of presence show us the 'others' that we carry with us at all times, the silent companions whose visits can either guide or haunt; support or confuse, comfort or terrify.

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Walking the radical talk

Alexander J. Bridger introduces psychogeographical psychology

The majority of the general public – and, indeed, many psychologists – would probably not consider walking and getting lost to be ‘research’. Yet some readers may be familiar with readings of environments conducted by psychogeographers both past and present: Engels (1845) and his accounts of the poverty encountered by the working classes in cities such as Manchester and London; Chtcheglov’s (1958) reflections on Paris and how working-class districts were effectively dismantled to make way for shopping arcades in the late 1950s; or De Quincey’s (1821/1886) writings about his walks around Paris and London in an opium haze. In more recent years, television programmes such as *The Perfect Home*, presented by architectural theorist Alain de Botton, and *Grand Designs* with Kevin McCloud have encouraged us to think about how built environments make us feel and to consider what ideal living spaces could look like.

Such programmes may get audiences to consider how our living and working environments *can be changed, with their emotional effects in mind*. Yet such attempts only lay the foundations, stopping at immediate physical changes

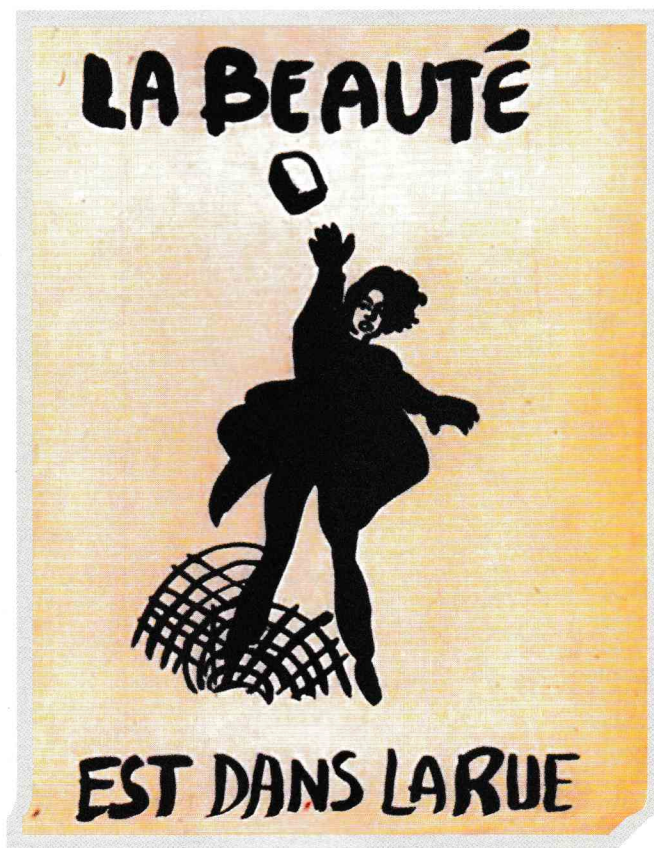
rather than considering alternatives to the capitalist order of things. Environmental psychologists such as Uzzell and R  thzel

(2009) have argued that work that creates binaries between individuals and society is not helpful in considering how we create and are created by societies, and I agree. We must engage with the implications of the types of psychological knowledge that we produce and what such knowledge manages to change in the discipline, and also in society.

Such an approach is rooted in the definitions of psychogeography found in the pages of environmental psychology journals in the 1980s, when the term was coined to describe the interface of psychology with geography research and with connecting such work with political practice (Wood, 1987).

This chimes with definitions of environmental psychology more broadly as concerned with the ‘psychology of space’ (Moser & Uzzell, 2003) and the relations between individuals and social and societal processes (Gifford, 2014). For me, such definitions are the start point for an inter- and cross-disciplinary political study of environments that considers the interface between individuals, social processes and society.

Adventuring beyond our own disciplinary environment is key here. There has been much discussion in recent years outside of environmental psychology amongst critical psychologists, cultural theorists and performance artists in terms of defining what psychogeography means, *both on social networking sites such as Facebook and in Richardson’s (2015) Walking Inside Out: Contemporary British*



Situationist International slogan on Paris 1968 poster – Beauty is in the street

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Psychogeography. Guy Debord, one of the leading members of the Situationist International (www.cddc.vt.edu/sionline) came up with the definition of psychogeography as 'the study of the precise laws and specific effects of the geographical environment, consciously organised or not, on the emotions and behaviours of individuals' (Debord, 1958).

At first glance, one may think that this definition fits quite easily with the main premise of environmental psychology in assuming that environments causally affect people's behaviours and cognitions. However, community psychologists such as Hodgetts et al. (2010, p.287) have argued that environments should not simply be viewed as 'backdrops to social processes'. Any focus on environments needs to be connected with a political and historically located analysis of such spaces and places.

There may also be question marks over mainstream Euro-American psychological arguments, which can be said to reinforce and reflect neoliberal ideas about individualism and human experience (Corral-Verdugo & Pinheiro, 2009). What we need is an analysis of people's 'lived, everyday involvement in the world' (Ingold, 1993, p.152) and how those experiences are positioned in and through particular discourses. People's experiences of places are suffused with discourses of 'capitalism, rationalism, modernization, the Puritan work ethic and spectacle' (Sadler, 1998, p.96). Indeed think of recent public occupations of space such as Tahrir Square, Wall Street and Zuccotti Park and the British riots in 2011 – many people have challenged the foundations of capitalism, democracy and the consumerisation of modern life (Žižek, 2011).

This, then, leads us to considering the importance of studying the 'social organization of place' (Pinder, 1996, p.414), what places mean to people, how we make sense of our everyday environments and what alternatives there could be to consumer capitalist

environments. To address such questions, community psychologists have argued that we should consider how approaches such as walking practices could facilitate such work (e.g. Hodgetts et al., 2010). Indeed, if we consider places as discursive texts, we can then connect such ideas to the work of de Certeau (1974, p.97) who stated that 'the act of walking... is to the urban system what the speech act is to language'.

The problem here is that much psychological research in psychology is arguably quite 'sedentary' (Sheller & Urry, 2000). Moreover, there is scant research that documents people's experiences of walking (Sheller & Urry, 2006). Taking this 'turn to place' in psychology involves drawing on ideas and practice from other disciplines, such as geography (Pinder, 1996); urban theory (Sadler, 1998) and critical psychology (Burnett et al., 2004). With regard to mobile methods research, this would include 'go-along' methods, in which the researcher moves alongside informants to collect information (Kusenbach, 2003), 'bimbling' (to walk or travel at a leisurely pace: Anderson, 2004), photo-voice methods of elicitation (Hodgetts et al., 2010) and my own psychogeographical approach to walking (e.g. Bridger, 2010, 2011, 2015).

In psychological research it is important to consider how we collect data and what sorts of methods are best suited for research. Community and qualitative psychologists such as Hodgetts et al. (2007) have argued that we should develop visual methods of research and draw on work from other social science disciplines (Lykes et al., 2003; Pink, 2004). In recent years in the humanities and social sciences, there has been much debate about the 'new mobilities

Meet the author

'When I was younger I wanted to be a Formula One driver or an astronaut. In my teens I came across an autobiographical book by Carl Jung and that, along with various Open University social psychology books, got me interested in psychology, therapy and social issues.

In my first two years as an undergraduate, I didn't feel convinced by mainstream psychological explanations about peoples' attitudes and behaviours. It was only when I came across critical social psychological theories and qualitative research methods that I really became excited and inspired. That led to a PhD where I started out by conducting a political psychological analysis of word, image and place representations of September 11th 2001 and the aftermath. I became interested in the intersections of psychology with geography, cultural studies and radical theory, and how such work could potentially connect with political practice and with considering wider social changes in society.

My research now mainly focuses on "mobile" methods of research such as psychogeographical walking, "go-along interviews" and bimbling.'



Alexander John Bridger
is with the Division of Psychology
and Counselling, University of
Huddersfield
a.j.bridger@hud.ac.uk

paradigm' (Sheller & Urry, 2006). Therefore, mobility should be viewed as a key aspect of how everyday life takes place (Binnie et al., 2007). It is through this process of moving through places, that individuals construct lived-in stories of experience of being in particular places (Radley et al., 2010). As Edensor (2008, pp.136–137) says, walking 'is suffused with a kaleidoscope of intermingling thoughts, experiences and sensations, so that the character of the walk is constantly shifting'. Others (Sotelo, 2010,

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p.61) talk of the lens of 'participation cartography', viewing walking not as a spatial practice but as 'a performance of self in spatio-temporal terms'.

The Situationist International, anti-capitalism and revolution

The situationists were a group of radical artists, activists and intellectuals who were disillusioned and angered by the capitalist gentrification and consumerisation of towns and cities. They aimed to create 'new situationist ambiances' which could potentially lead to 'permanent change' (Khatib, 1958). In my psychological research, I draw on their work to inform a critique of environments and to consider the question of social change in societies.

The situationists used specific strategies to initiate social changes via a critique of urbanism. These included *detournement* and the *dérive*. *Detournement* refers to the sabotage and re-appropriation of signs and symbols of capitalism. This involved subverting and changing the meanings of mass media such as newspapers, films, posters and comics. The second strategy, the *dérive*, was used in relation to the psychogeographical practice of walking. Often people reduce this to a random walk in a town or city, but it should mean much more than that. Debord (1958) wrote that:

Dérives involve playful-constructive behavior and awareness of psychogeographical effects, and are thus quite different from the classic notions of journey or stroll. In a *dérive* one or more persons during a certain period drop their relations, their work and leisure activities, and all their other usual motives for movement and action, and let themselves be drawn by the attractions of the terrain and the encounters they find there. Chance is a less important factor in this activity than one might think:

"the point is to turn 'research' into a kind of ludic, playful game"

from a *dérive* point of view, cities have psychogeographical contours, with constant currents, fixed points and vortexes that strongly discourage entry into or exit from certain zones.

Hence the aims of *dérives* are not to just walk from 'A to B' but to make playful sense of what effects the environment has on people and to reflectively interpret how one may be drawn or repelled from certain places. Khatib (1958), a leading situationist, argued that the ultimate aims of *dérives* should be to create 'direct, effective intervention' in order to build 'new situationist ambiances' that would create 'permanent change'.

In this way, the core aims of psychogeographical activities would be to call into question the 'dominant' ways that we see and make sense of environments, and to question the 'natural' linkages of consumerism with environments. Miles (2010, p.8) argues that consumerism is now a 'thoroughly cultural phenomenon that serves to legitimate capitalism on an everyday basis'. It is perhaps no surprise that a *dérive* can easily attract the attention of security guards and police officers, because one is not typically engaging in window-shopping or buying products.

In sum, the underpinning concerns of psychogeography are radical and political,



Consumerism is now a 'thoroughly cultural phenomenon that serves to legitimate capitalism on an everyday basis'

involving a critique of urbanism and an envisioning of what non-capitalist built environments could look like. This question of radical social change is of central importance to critical psychologists, political theorists and activists – for example, Parker (2007), Barbrook (2014) and the Neue Slowenische Kunst collective (www.nskstate.com), all of whom draw on radical left-wing, autonomous, anarchist theory and practice in their work.

Doing psychogeographical 'research' in psychology

At this point, you may be wondering what a psychogeographical approach in psychology could look like. It is a new and emerging area of research: many individuals and groups are working with ideas such as mobile methods research, and grappling with how to use psychogeographical ideas in psychology.

In many previous *dérives* that I have conducted, I have often drawn on key papers such as Khatib's (1958) account of wandering around the Les Halles district in Paris. Some of the questions raised in his work can be usefully applied to psychogeographical psychological research, which includes asking such questions as whether you would usually visit such places, how you feel in particular environments, and what needs to be changed. I have conducted numerous psychogeographical projects, including at Ground Zero in New York, the Arndale Centre in Manchester, and Huddersfield (Bridger, 2014).

In this work, I like to take quite an unstructured approach. Understanding one's affective responses to environments requires techniques akin to the psychoanalytic approach of free association. One can use strategies to create spontaneous and unplanned movement by tactics such as map swap (using a map of a different city to orientate oneself) and dice walk (code the numbers on a dice as, for example,

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1 = walk straight on, 2 = turn right, etc.). The desired outcome is that one would get lost, and hopefully experience environments in new ways. One dice walk led me to parts of Huddersfield that I would not ordinarily go to, areas of the town that I was less familiar with and that I perceived to be 'less safe'. After that particular walk I wrote a paper where I drew on a psychogeographical approach to read towns and cities as gendered spaces (Bridger, 2013).

Those of you more accustomed to empirical methods of psychological study may be horrified by such methods. They certainly don't fit with the standard representation of what psychological research usually looks like. However, the point is to turn 'research' into a kind of ludic, playful game. Indeed, Debord explains how the playful practice of the Game of War board game can provide an important critique of social and personal relations in capitalist times:

I have studied the logic of war. Moreover, I succeeded, a long time ago, in presenting the basics of its movements as a board game: the forces of contention and the contradictory necessities imposed on the operations of each of the two parties. I have played The Game of War and, in the often difficult conduct of my life, I have utilized lessons from it... On the question of whether I have made good use of such lessons, I will leave to others to decide. (Debord, 1989)

More recently, Barbrook and the Class Wargames collective have re-engaged with Debord's Game of War and other wargames in order to explore how gaming can be used as a metaphor to explore social relations in contemporary capitalism; to re-enact past political struggles and also to consider alternatives to the capitalist order of things. I think such an approach encourages us as psychologists to consider strategy

and tactics in our work, and how this can connect with political practice.

Psychogeography also encourages us to consider a more playful approach to how research should and could be documented in psychology journals. It is worth reassuring readers that it is possible to go 'off-piste': in my research, I like to produce reports of walks that combine a range of first-person reflection, photographs of key contexts, situations and people (ethics permitting), creating artistic maps, as well as reference to previous theory and studies. I've also found previous psychogeographical work by the Situationist International, other psychogeography groups such as Manchester Area Psychogeographic, and critical psychology writings by groups such as Burnett et al. (2004), to be hugely inspiring in terms of formulating my approach to documenting psychogeographical walks.

Truly radical?

I hope that I have provided some first steps on a journey into how the work of the situationists can be of relevance



My psychogeographical map of Huddersfield

within environmental, social and critical psychology. Such work can enable us as psychologists to think differently about the type of work that we do and how our work connects with political practice and addresses the question of social change. The core questions and aims of a psychogeographical approach in psychology could include: how environments make us feel, what we need to do in order to change environments, what environments of the future could look like and finally, what psychogeographical research can change. There cannot be clear and fixed answers to these aims and questions: the central argument here is that revolutionary social change is not something that can really be designed and planned out. Instead, it is something that is realised by individuals and groups.

Some readers may question whether this sort of research is actually radical. Sadie Plant has previously pointed out that 'radical academics produce the appearance of revolutionary critique while similarly reproducing the specialisations of knowledge and the lucrative elitism of their roles' (1992, p.76). That's why I think it is important to do psychogeographical work that cuts across boundaries of academia, art and activism. We engage with local community groups, organise festivals, walks and various other psychogeographical events and talks. Indeed, within West Yorkshire and Greater Manchester there are a variety of different psychogeographical groups, such as the Leeds Psychogeography Group, the Loiterers Resistance Movement and the Huddersfield Psychogeography Network, not to mention other individuals past and present that have drawn on psychogeographical techniques and practices.

As Parker (2007) has pointed out, in order to change society it is important to work in and against social systems, institutions and structures (a theme also taken up in a recent edition of the *International Review of Critical Psychology on Marxism and Psychology*). The sorts of questions and issues that the situationists were grappling with in the late 1950s and 1960s are still of relevance in psychology and society. Political analyses of environments, and possible alternatives to the capitalist order of things, remain of great importance, and psychology must continue to explore these surroundings.

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Rorschach Audio – art and illusion for sound

Joe Banks on psychoacoustics, bereavement and the public understanding of science

The August 2015 issue of *Harper's Bazaar* magazine carries a two-page feature entitled 'On the discovery of hope' by the magazine's editor-in-chief Justine Picardie – a writer who also found fame and influence as a journalist and the best-selling biographer of Coco Chanel. The article came shortly after last summer's re-issue of Justine's earlier book *If the Spirit Moves You*, which recalls, in moving detail, her experience of bereavement after the loss of a close family member. 'On the discovery of hope' is a thoughtful and well-written meditation on the experiences that were described in Justine's earlier work, but what's perhaps most striking is the fact that not once does this article mention the huge emphasis that *If the Spirit Moves You* places on its author's involvement with spiritualist mediums and with so-called electronic voice phenomena (EVP) recording.

The Oxford Companion to the Mind states that during bereavement 'sights and

sounds are commonly misperceived as evidence of (the) return' of the deceased, and, in the case of EVP research, an entire belief system has been built around the conviction that it is possible, indeed quite easy, to literally record the voices of ghosts.

Now, an informal consensus does seem to exist within much of the scientific community that it doesn't really do to engage with or to critique beliefs like EVP. An obvious response would be to point out that the core beliefs espoused by EVP practitioners are essentially no more irrational than many other religious beliefs. However, what makes EVP different is the fact that it constitutes an adaptation of essentially primal superstitions to modern technological society. In that context, many EVP enthusiasts can and do proactively promote their findings as being 'objective' and 'scientific'.

In that sense it can be argued that EVP actively demands a response, in

order to inform those potentially attracted to EVP exactly why it is that this research is not even remotely scientific. An informed critique of EVP can also be productive for another important reason. Since it can be shown that a whole battery of techniques employed by EVP researchers constitute what amounts to a comprehensive guided tour of certain psychoacoustic phenomena, so debunking EVP provides a compelling narrative structure within which to explain a whole raft of phenomena associated with illusions of sound, with cognitive science and with psychology of perception.

Mechanisms of misperception

I published a critique of EVP research, under the title 'Rorschach audio', as part of the sleeve-notes for a CD of 'classic' EVP recordings called *The Ghost Orchid*, which was released by the record company Ash International in 1999. Since then there have been a number of updated 'Rorschach audio' articles, notably a paper that was peer-reviewed by leading academics and published by MIT Press in 2001. Lecture-demonstrations have been held at (among many others) the Science Museum Dana Centre, The British Library, the Oxford University Museum of Natural History and the Freud Museum (as part of the 'Festival of the Unconscious'). In 2007 I received funding to pursue a five-year long Rorschach Audio research project, hosted by Goldsmiths College and the University of Westminster, which led to the publication of the book *Rorschach Audio – Art & Illusion for Sound*.

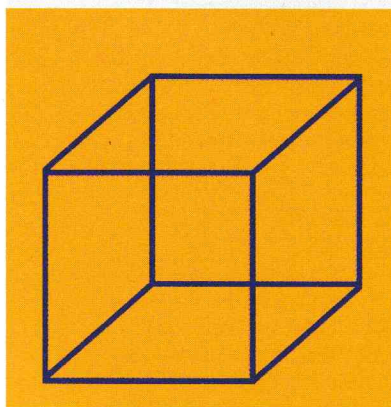
The primary metaphor offered by the Rorschach Audio project is a comparison between processes of hearing, and the way in which viewers perceive meaningful imagery in the ambiguous visual figures of the psychoanalyst Hermann Rorschach's famous inkblot tests. He popularised the technique, previously known as *klecksography*, whereby sheets of paper are folded, opened again, splashed with ink, closed and pressed flat, and then opened, to reveal the iconic symmetrical figures, which are often perceived as resembling meaningful images. Rorschach ink blots were developed for use as a psycho-diagnostic test; and, in examples described by the psychologist Henry Gleitman, symmetrical ink blots resemble 'a head blowing smoke', but also a 'ghost' and an 'angel', those last two being directly equivalent sound imagery typical of EVP.

In the audio equivalent, EVP converts

Illusion and reality

The phenomena that ghost-voice researchers (accidentally or deliberately) exploit arose from the mind's ability to smooth over interruptions and gaps, and to employ intelligent guesswork. These faculties evolved to help listeners recover coherent streams of meaningful speech in

situations in which clear perception is compromised. It's the same with vision: consider the Necker cube illusion (as discussed by Richard Dawkins in *The Extended Phenotype*), kinetic depth effects (of the sort created by an art installation called 'The Analysis of Beauty'), and the blindspot phenomenon. The mental processes that generate what we perceive as illusions are the same processes that generate what we experience as reality. The projections that the mind generates to help us successfully navigate our world are, for most everyday practical purposes, highly reliable representations of reality. It may be tempting to characterise illusions as being perceptual 'mistakes', or as manifestations of what's sometimes termed 'anomalous' psychology, but it is perhaps most fruitful to emphasise the extent to which illusory perceptions emerge as by-products of normal cognitive processes.



The Necker cube illusion

operate in a way that maximises the potential for ambiguous stimuli to be interpreted as meaningful. Badly shielded audio recording devices pick up forms of interference that are well-known to be produced in low-quality audio systems, by stray transmissions from real radio stations, from local taxi cabs, emergency services, intercoms, air-band radio and various sources of electrical interference, and so on. EVP researchers call out to deceased relatives and friends, in the style of a spiritualist séance, then trawl through often very long recordings, in search of the infrequent, abrupt and distorted sounds that manifest in 'response' to questions often asked much earlier. EVP researchers judiciously edit out the sections in which the ghosts didn't seem to have been talkative, then play recordings sometimes speeded up, slowed down, or backwards, but almost always repeated over and over, until they hear those sounds start to resemble personally meaningful messages. After one series of EVP recordings, Justine Picardie says: 'I don't even understand how a telephone works', so presuming she might not know much about radio and audio recording technology either, that suggests a case for improved public understanding of the relevant physics.

A blank canvas

The Rorschach Audio project was inspired by an extraordinary recording, which is frankly a masterpiece of art and science, prepared by the University of San Diego psychologist Diana Deutsch in 1995 (see tinyurl.com/oj4mf2j). Deutsch's recording consists of a narrator repeating two short neutral phrases. These are edited so as to rapidly alternate between

stereo loudspeakers, in such a way as they initially come across as completely garbled and without apparent meaning. As described by Shaun Carlson in *Scientific American* (see tinyurl.com/oa54r9q):

within a few seconds of listening to this strange cacophony, my brain started imposing a shifting order over the chaos as I began hearing distinct words... First came 'blank, blank, blank'. Then 'time, time, time'. Then 'no time', 'long pine' and 'any time'. I was then astonished to hear a man's voice spilling out of the right speaker only. In a distinct Australian accent it said 'take me, take me, take me'.

Deutsch's recording provides a convincing demonstration of the process by which ambiguous sounds can provide a 'blank canvas', onto which, with repeated listening, the brain can impose sometimes vivid illusions of audible meaning. This is how EVP listeners can perceive distorted audio snippets as though those sounds were personal messages.

The Rorschach Audio project makes no bones about the fact that the explanatory metaphor it posits is little more than a statement of the obvious. So, while the project acknowledges direct inspiration from Deutsch's recording, it also acknowledges that similar experiments were conducted by the psychologist B.F. Skinner. Similar perceptions have been heard emerging from other repetitive sounds – for instance sounds of steam trains, mill wheels and church bells. The latter gave rise to the famous folk-poem 'Oranges and Lemons', and was also discussed long ago by the artist Leonardo da Vinci. In terms of perceptual creativity, related imagery formed the basis of sound designs employed by the film-maker Jean Cocteau, and similar repetitions were behind a compositional technique employed by the writer Raymond Roussel.

In addition to exploring the (surprisingly rich) cultural history of these kinds of mishearings and misperceptions, the project also explores further aspects of psychoacoustics that relate to EVP. So, the mind's ability to actively project meaning onto ambiguous sense-data, as demonstrated by the Deutsch recording, is also discussed in relation to the 'phantasmal voices' heard (as a result of lip-reading) by the deaf poet David Wright (as quoted by the late neurologist Oliver Sacks). Similar faculties are also demonstrated by the

Meet the author

'As an installation artist, electronic musician and researcher, much of my work focuses on exploring the creative potential offered by unusual uses and applications of radio technology. Radio intersects with electronic music and contemporary arts cultures in a field of research known as "electronic voice phenomena", whose followers believe they can use radio technology to record actual voices of ghosts. The popularity of such blatant pseudoscience within not only popular culture, but also increasingly within mainstream institutional arts culture, demonstrates a pressing need for public understanding of science projects that actively preach to the unconverted.'

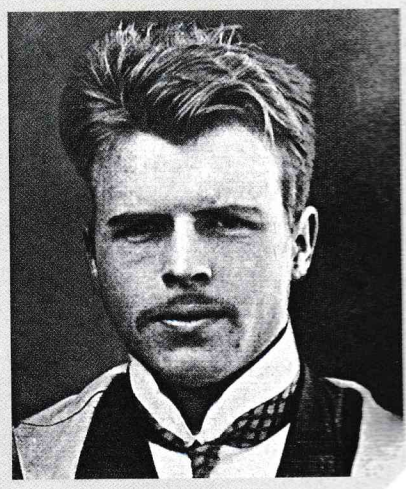


Joe Banks
is an artist and researcher
<http://rorschachaudio.com>

illusion discovered by the psychologist Harry McGurk. In the 'McGurk effect', videos of misleading facial movements are read by viewers in such a way as to actively change the sounds perceived in speech recorded on the video soundtrack. Similarly, a factor within the cocktail party effect, named by the psychologist Colin Cherry, is that a listener's ability to see the facial movements of the person with whom they're talking improves their ability to accurately perceive speech, when speech is obscured by other voices.

EVP researchers also use prompting – prior notification to listeners of exactly what they should expect to hear, to create the illusions that the researcher's interpretations are shared by multiple listeners and are therefore 'objective'. This phenomenon closely matches the experiences of listeners to the sine-wave speech experiments, pioneered by the psychologists Philip Rubin and Robert Remez. Similarly a common aspect of EVP is the practice of adding noise, from sources like radio static and recordings of wind, rain, surf and hissing taps, etc., in order to (paradoxically) improve the success of EVP experiments.

This practice closely relates to findings of several psychologists. David Bruce gave test subjects speech recordings that had been rendered barely audible beneath obscuring noise, and listeners reported hearing sentences on subjects they'd previously been told to hear. In an



Hermann Rorschach

Albert Bregman experiment, listeners were unable to perceive the meaning of sentences in which successive segments had been artificially silenced – the speech was reduced to the equivalent of a series of stutters – but were able to interpolate illusions of continuous speech when the silences were replaced by bursts of noise. And Merkelbach and Van de Ven asked undergraduate students to listen to white noise and instructed them to press a button when they believed they heard a recording of Bing Crosby's 'White Christmas' (without this record actually being presented). A 'non-trivial minority' (32 per cent) consistently reported hearing 'White Christmas'.

These findings show how it is that with perceptually ambiguous source material, repeated listening, the addition of noise, and appropriate prompting, EVP researchers can trick listeners into perceiving ghost voices in stray communications chatter. Given that nearly a third of people can report hearing 'White Christmas' when it's not there at all, it's hardly surprising that EVP researchers can convince believers, when EVP signals are genuinely real (though not supernatural) and when EVP 'test subjects' are often people with the intensely powerful motive of having been bereaved.

Indeed, Justine Picardie quotes Sigmund Freud's discussion of how 'phantasies and unconscious thoughts about life in the womb...afford the deepest unconscious basis for the belief in survival after death, which represents a projection into the future of this uncanny life before birth'. In *The Future of an Illusion* Freud writes that 'the psychical origin of religious ideas' does not stem from 'experience or (from the) end-results of thinking', but from 'illusions, fulfilments of the oldest, strongest and



Merkelbach and Van de Ven asked undergraduate students to listen to white noise and instructed them to press a button when they believed they heard a recording of Bing Crosby's 'White Christmas' (without this record actually being presented)

most urgent wishes of mankind'. Freud further states that 'spiritualists...cannot succeed in refuting the fact that the appearance and utterances of their spirits are merely the products of their own mental activity' and further describes 'the pronouncements and information which they have received' as 'wretchedly meaningless'.

As Freud asserted, 'where questions of religion are concerned, people are guilty of every possible sort of dishonesty and intellectual misdemeanour', and Justine Picardie's mention of a medium who claimed to 'work for the police in murder investigations' provides a chilling illustration of the dangers of charlatanism. As to the ethical dilemma of disilluminating people of belief in the afterlife, Freud asserts that 'those who do not suffer from the neurosis will need no intoxicant to deaden it'. He advocated 'education to reality', saying that 'men cannot remain children forever': people will 'have to admit (to) the full extent of their insignificance in the machinery of the universe'.

Public understanding of science

Many within mainstream science seem to regard engaging with pseudoscience as being beneath their dignity. Yet, for the reasons I have outlined, I believe Rorschach Audio makes a significant contribution to the public understanding of science. Importantly, partly by virtue of the large following that EVP enjoys

within sections of the electronic music and contemporary arts communities, this project makes a priority of engaging new audiences and of preaching to the unconverted. Lecture-demonstrations have been held in public museums, art galleries and even working men's clubs, and the book was produced by a publisher whose core readership is drawn by works often concerned with links between the arts and the occult. For a project that never had any professional PR support, it has also been reasonably well publicised – for instance in an *Out of the Ordinary* documentary on BBC Radio 4 (see www.bbc.co.uk/programmes/b01rg1gh).

In terms of illustrating aspects of the broader context, I remember a friend returning from a public lecture complaining about 'scientists debating how many angels sit on the head of a pin'. So, much of what is promoted to the public as 'cutting-edge' science is so far removed from tangible experiences of day-to-day reality that even the illusions perceived by EVP enthusiasts can (experientially speaking) seem more 'real', and certainly more emotionally appealing, than the information presented in TV documentaries about phenomena that people will never see, hear or feel (superstrings and quantum theory, multi-dimensional universes and black holes, etc.). Therefore, good as they are, some popular science resources, which intend to enthuse the public about the grandeur of nature and the excitement of rigorous science, may alienate rather than engage certain audiences. It is for that reason it's also important to continue engaging beliefs like EVP.

Some key resources

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 - Raudive, K. (1971). *Breakthrough*. Gerrards Cross: Colin Smythe.
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- <http://rorschachaudio.com>



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Programme highlights

Put on your oxygen mask before assisting others

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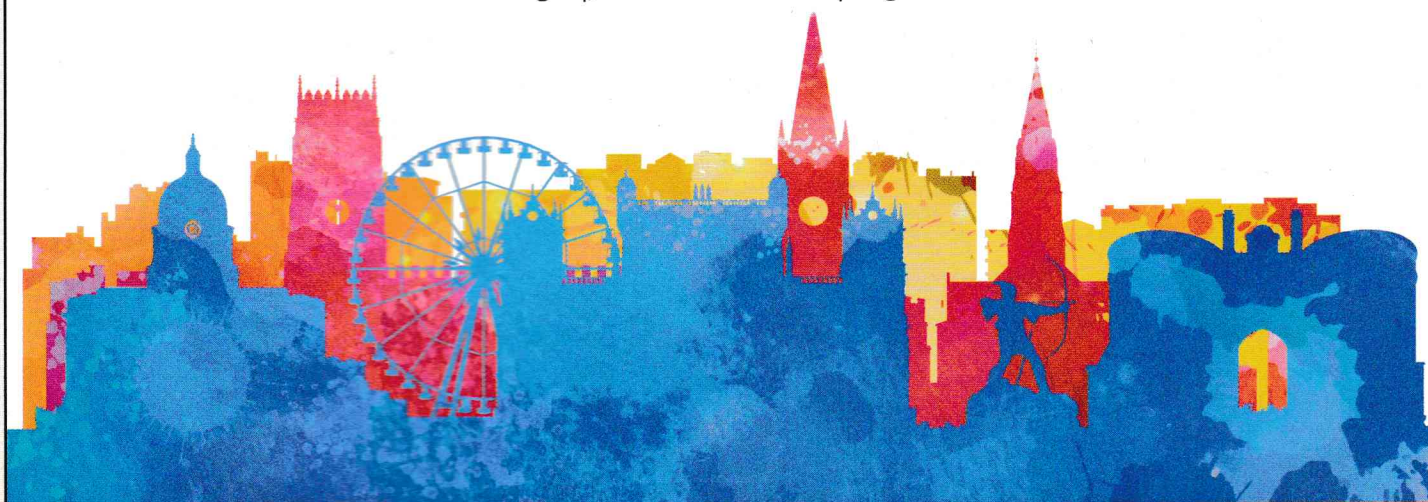
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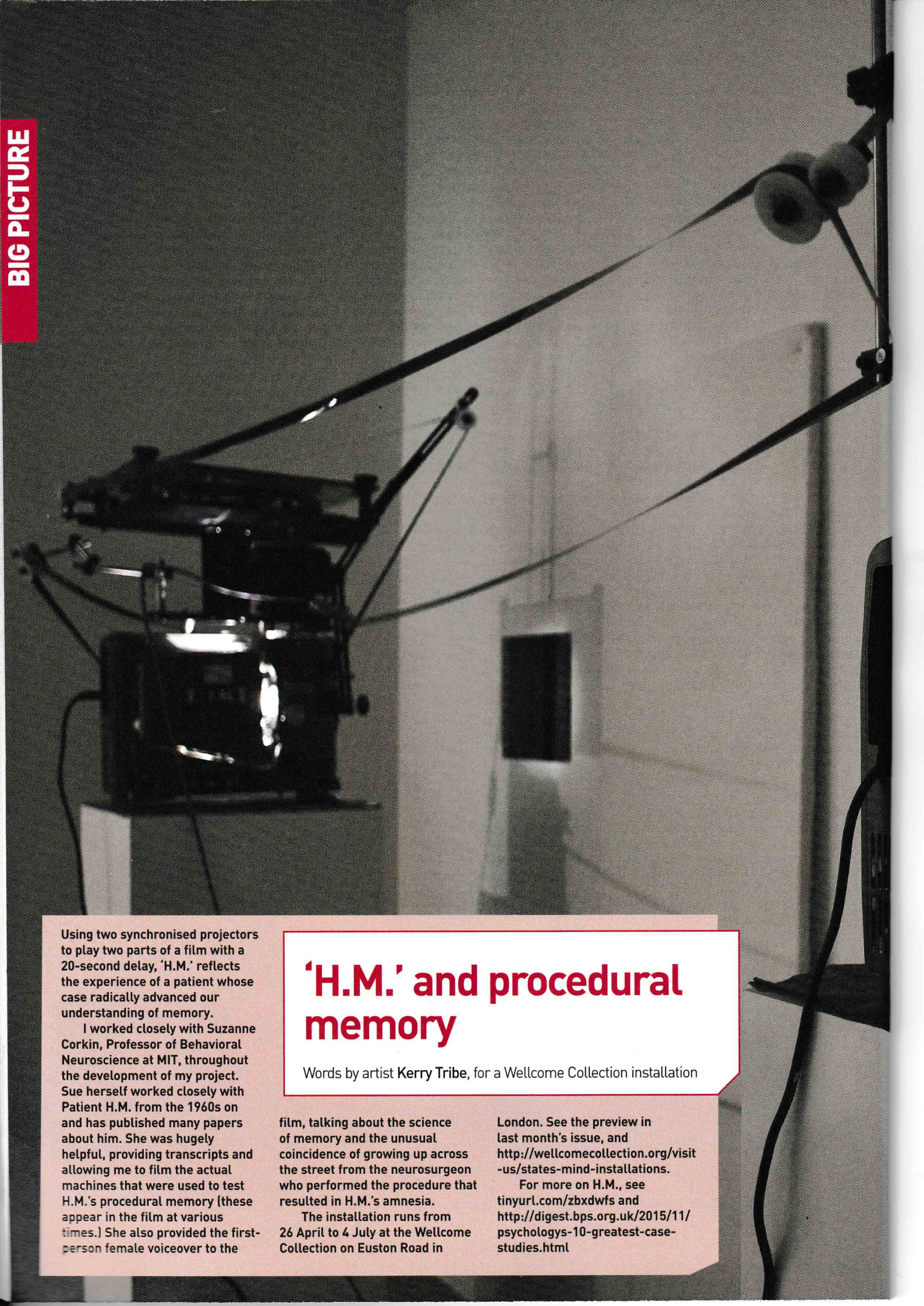
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Using two synchronised projectors to play two parts of a film with a 20-second delay, 'H.M.' reflects the experience of a patient whose case radically advanced our understanding of memory.

I worked closely with Suzanne Corkin, Professor of Behavioral Neuroscience at MIT, throughout the development of my project. Sue herself worked closely with Patient H.M. from the 1960s on and has published many papers about him. She was hugely helpful, providing transcripts and allowing me to film the actual machines that were used to test H.M.'s procedural memory (these appear in the film at various times.) She also provided the first-person female voiceover to the

'H.M.' and procedural memory

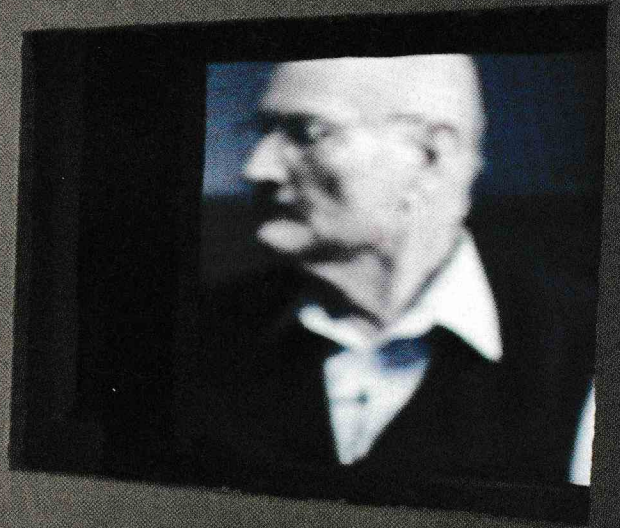
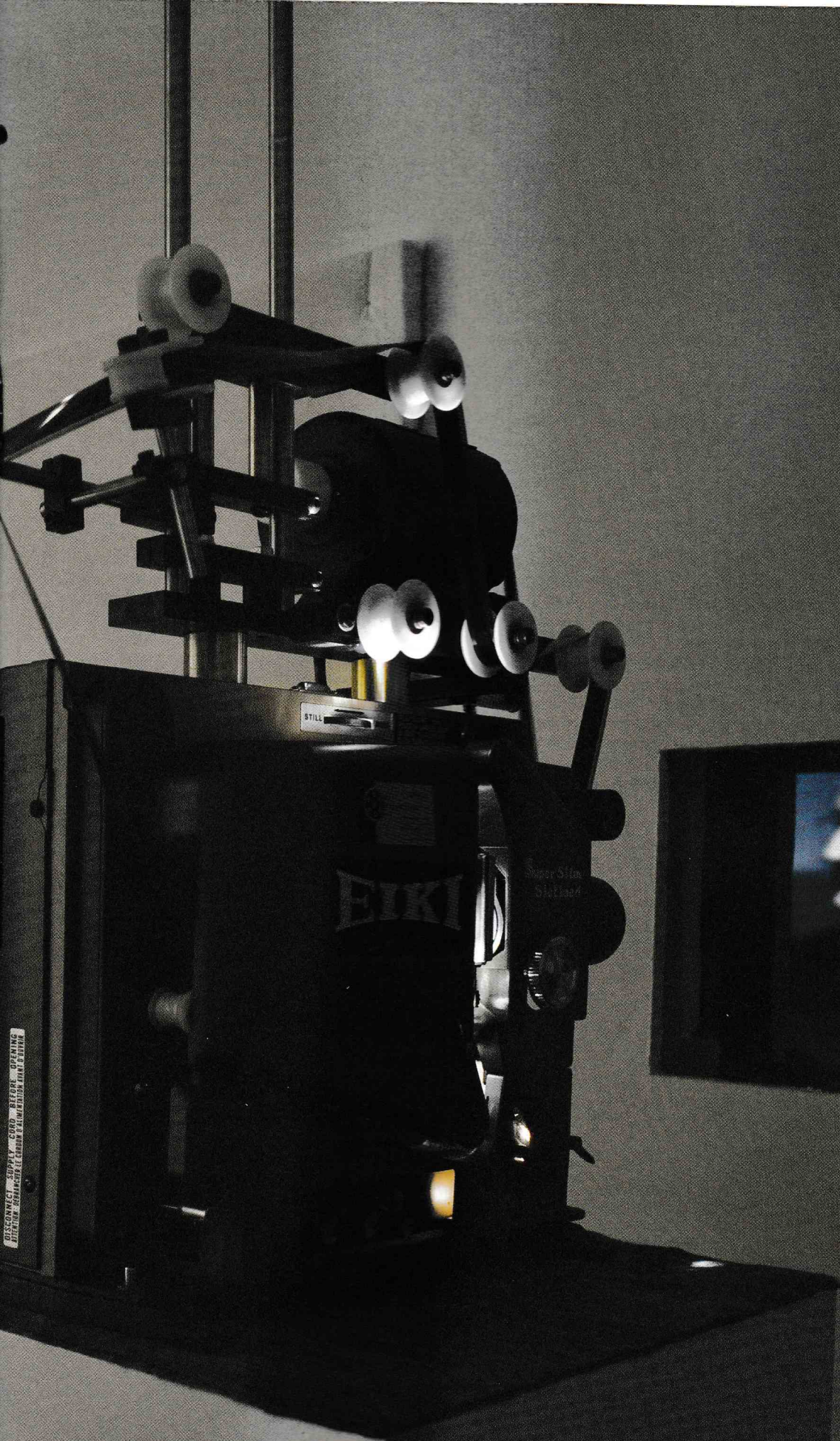
Words by artist Kerry Tribe, for a Wellcome Collection installation

film, talking about the science of memory and the unusual coincidence of growing up across the street from the neurosurgeon who performed the procedure that resulted in H.M.'s amnesia.

The installation runs from 26 April to 4 July at the Wellcome Collection on Euston Road in

London. See the preview in last month's issue, and <http://wellcomecollection.org/visit-us/states-mind-installations>.

For more on H.M., see tinyurl.com/zbxdwfs and <http://digest.bps.org.uk/2015/11/psychologys-10-greatest-case-studies.html>



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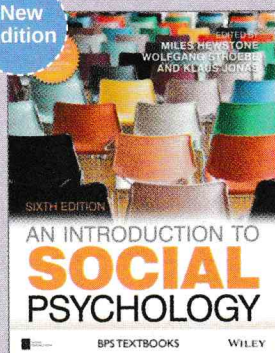
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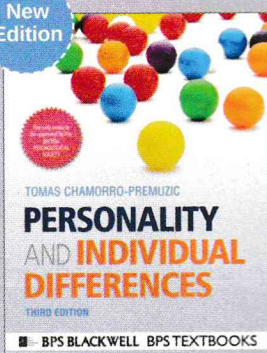
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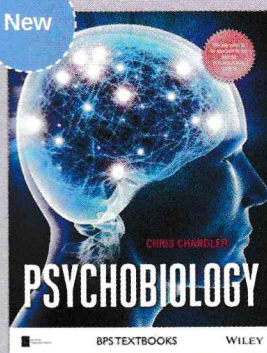
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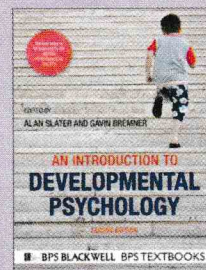
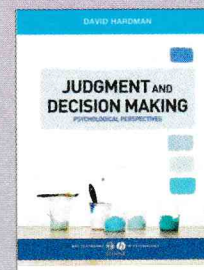
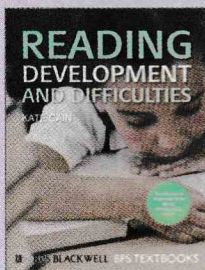
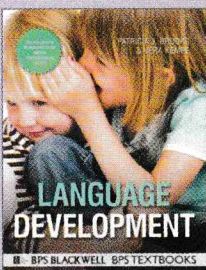
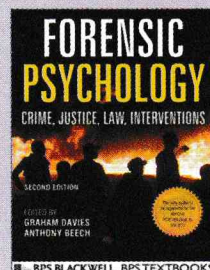
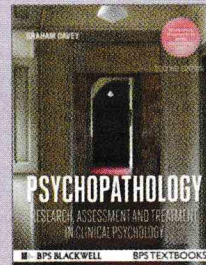
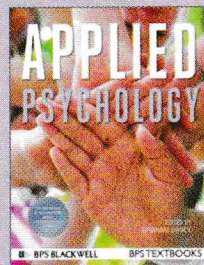
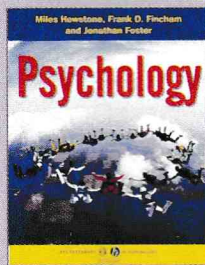
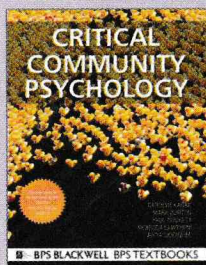
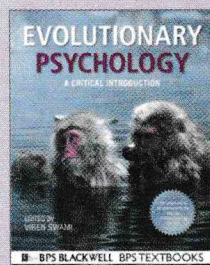
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Welcome to 'blogademia'

Daniel Jolley, Fleur-Michelle Coiffait, and Emma L. Davies on purpose, positives and pitfalls

The British Psychological Society's Public Engagement and Media Award in 2015 went to Mindhacks, a blog led by psychologists Dr Vaughan Bell and Dr Tom Stafford that has featured over 5000 posts across the past decade. Example posts include descriptions of visual illusions, a self-test for synaesthesia, and tips on the best way to win an argument. Accepting the award at the Society's Annual Conference, the pair urged: 'Each one of you has probably got those 5000 posts inside you. Make use of the resources on the internet, but put your own thoughts online too.' We share their passion for 'blogademia' (a term coined by Saper, 2006), and here we aim to reflect on its purpose, positives and pitfalls, moving on to some general tips and guidance on blogging specifically for psychologists.

Benefits of blogging

Setting up and curating a blog can be relatively easy with the aid of a variety of platforms, from WordPress and Blogger to Quora and Postach. A blog is a series of entries of information presented in reverse chronological order that are generally shared publicly, although it is possible to restrict readership. These can be posts either from an individual or from groups of individuals, and range from commentary on research to personal reflections. Some blogs combine a mixture of the two.

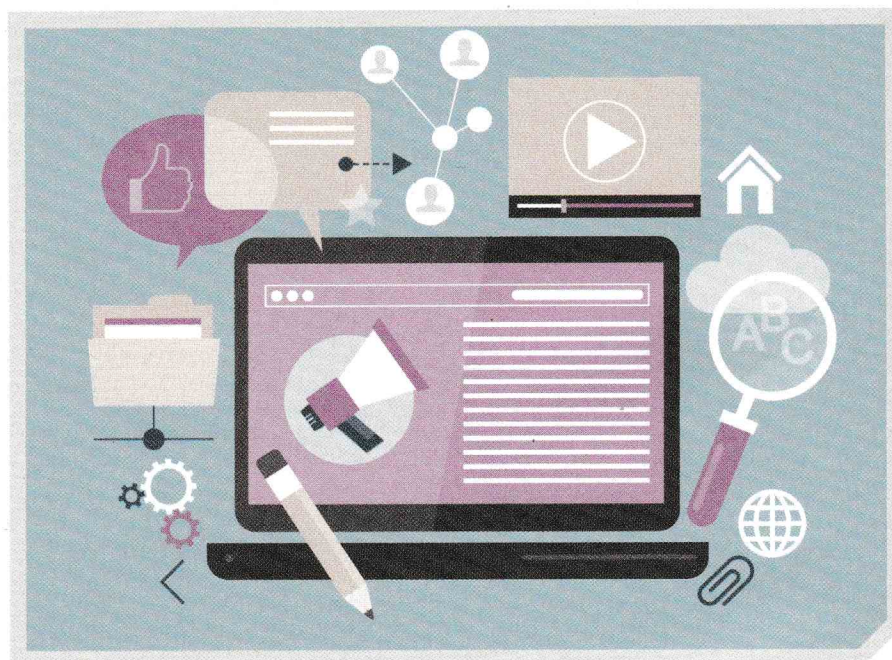
Writing a blog can offer the author various personal and professional benefits. The first is the ability to be able

use blogging as a way to 'make notes' and formulate ideas, whilst at the same time developing a writing habit and refining writing skills. Recording ideas in a blog post prompts you to write in a clear and accessible style, whilst also allowing you to return to these ideas at a later date. Blogs can be used to share and formulate ideas during development of projects, explore a new research area, or consider new methods or techniques.

The use of a blog as a means of self-

reflection is particularly useful when considering teaching courses such as the Postgraduate Certificate in Teaching in Higher Education (PCTHE) where some tutors encourage participants to reflect on their teaching via blogs: for example, the 'blogfolio' web-based learning portfolio approach reported by Tang Lin et al. (2007), where a blog platform extends the key functions of the learning portfolio to collect, select, reflect, project and respect (Barrett, 2003), as well as promoting publicity, networking and collaborative learning.

Similarly, blogging can be a way to seek, share and exchange ideas. Most bloggers enable the comment function on their blogs, thus allowing readers to leave reactions, opinions and responses to the piece that can promote further discussion. This can open up dialogue between authors and readers and can facilitate a unique opportunity for the exchange of ideas made possible by online platforms.



Blogging can be a way to seek, share and exchange ideas

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These ideas could be new directions for research, or indeed just a new perspective on your research. Blogging is also ideal for building and maintaining networks with others in the field and developing a sense of community (Kirkup, 2010). Researchers or practitioners with shared interests can engage in further discussion via a blog that may promote future creative ideas for research and practice. Blogs also allow collaborations to develop and can enable projects that transcend traditional barriers, such as geographical distance, as well as offering asynchronous discussion regardless of time zones or incompatible diaries. Community members may have previously met at a conference or other event, or the contact may solely be due to the blog itself.

For readers, blogs offer an ideal medium for digesting psychological research in both your own and other areas. We all know that academic papers – whilst clearly informative and mostly interesting – can sometimes be long and onerous to read and take in. A blog post is a perfect source to provide a summary (see, for example, the Society's own Research Digest blog at www.bps.org.uk/digest, or the first author's www.conspiracypsychology.com). You may also be able to access summaries of research via blogs based on full articles that are behind a paywall. Gregg (2006) proposes that this type of blogging can be seen as 'conversational scholarship', enabling academics to write in a less formal style and open up psychological research and practice to a much wider audience.

Blogging is also an effective way of increasing your professional profile, whatever career stage you are at. For example, blogs can showcase areas of expertise and involvement for those seeking to improve their career prospects as – rightly or wrongly – employers increasingly use information available online about applicants in a process known as 'cybervetting' (Berkelaar & Buzzanell, 2014). Blogs can give the employer a clear indication of your

Meet the authors



Dr Daniel Jolley

is a Lecturer in Psychology at Staffordshire University. Daniel is a social psychologist who blogs at conspiracypsychology.com. He finds getting inspiration for blog posts to be a challenge, but having people engage with the blog makes the writing rewarding. daniel.jolley@staffs.ac.uk and @DrDanielJolley on Twitter



Dr Fleur-Michelle Coiffait

is a Clinical Psychologist specialising in neurodevelopmental disorders in both the NHS and private practice. Fleur-Michelle also teaches on the University of Manchester ClinPsyD and is interested in engaging with the public beyond the clinic room through blogging and other social media. ChildClinPsych@gmail.com and @ChildClinPsych on Twitter



Dr Emma Louise Davies

is a Lecturer in Psychology at Oxford Brookes University and an Associate Lecturer with the Open University. Her research interests span health and applied social psychology, with a focus on alcohol misuse in adolescents and young people. Emma started a blog and her most popular post was about how Twitter 'saved' her PhD. edavies@brookes.ac.uk and @l_am_emma on Twitter

research, practice or professional expertise that goes beyond a standard employer website entry – that is, of course, if your blog is about your research and not personal reflections on looking after your cats. We touch upon the issue of purpose later in this piece.

No available research to date has explored the impact of blogs, which is especially important when our ability to demonstrate the impact of our activity receives heightened emphasis, in research, teaching, academia and professional practice. It is unclear what the public – or indeed, employers – think of blogging and whether it does have 'impact'. It can nonetheless help get your name and area of expertise or interest out there. For example, if your area of work is googled and your name appears near the top of the search results, this is the perfect demonstration of your active participation in the field.

Once you have developed your blog, this can lead to other opportunities, such as being asked to be a guest contributor on a larger blog, or even being commissioned to write pieces. Whilst this may seem a long way off for those yet to try blogging, this is a real possibility if you start today. The exposure to such wide and varied audiences offered by a

blog is unique and may be a stepping-stone to bigger things.

Purpose to blogging

As a blog author (or one of a team of curators), you are in control of the blog's direction and focus. This is therefore something that you need to decide when the blog is first formed – it may of course affect the name of the blog and how it is presented and publicised.

Reasons for blogging have been summarised under five key functions: identity; sharing; social interaction and community; benefit and need; and society and social order (Matikainen, 2015). More specific reasons include the sharing of personal revelations, selective disclosure, using blogging as an emotional or creative outlet, social networking, and advertising (Fullwood et al., 2014). For those studying, teaching or practising psychology, blogs can be an outlet for research-related content, reflections on your personal or academic life (e.g. a PhD journey) or a combination of several different functions. It is easy to find popular examples of each of these different types of blogs. What they have in common is that they are an outlet for the author to share and write about their own

discussion of scholarly information.

PLoS ONE, 7(5): e35869.

doi: 10.1371/journal.pone.0035869

Tang Lin, H., Kuo, T.-H. & Yuan, S.-M. (2007).

A web-based learning portfolio

framework built on blog services.

Information Technology Journal, 6(6),

858–864.

interests and invite comments, opinions and endorsements from others.

Blog audiences vary depending on the purpose of the blog. If, for example, you are blogging about a specific area of research (such as Babel's Dawn, which explores the origins of language), it is unlikely to receive a wide general and diverse readership. If you are blogging about psychology more generally (such as the Research Digest), you are naturally going to engage a more diverse range of people. With that said, however, Mewburn and Thomson (2013) analysed the content of 100 academic blogs and found that most appeared to be written with other higher-education staff in mind.

Blogging enables academics to critique the state of academia or practice more generally, and offer some of their own more personal thoughts on the issues. A specific example is where blogs allow critique of published papers. These discussions were formerly housed within letters to the journal that published the paper. Today, these discussions occur in the online world, via blogs and 'micro blogging' sites such as Twitter. Some academics are uneasy with this as they feel these discussions should remain in peer-reviewed outlets – however, these types of discussions are already happening online and are



The amount of time it takes to create a blog post will vary person to person

increasing. We may move towards a time where the expectation is that following publication, informal discussion on the paper will occur. This would work well with open-access publication. Engaging online in this manner also makes it possible for such discussions to occur in

a more much effective way, with an almost 'live' and interactive conversation occurring on a blog post (see Shema et al., 2012, for an example).

Blogging can also highlight – or 'whistleblow', unethical practices in the discipline. Professor Dorothy Bishop recently discussed the issue of 'editors behaving badly' in her blog (<http://deevybee.blogspot.co.uk>). Bishop reported on her blog an analysis of publications in a group of journals, which then drew attention to and opened up an important debate regarding the editors' malpractices at this journal. These examples clearly highlight the varying purposes of a blog and the value it can offer the author, as well as wider academic and practising communities.

First steps – tips on blogging

Purpose, audience and style go hand-in-hand. If you want your blog to engage a wide range of people, write in a general, accessible, engaging, easy-to-understand style, with a punchy title. Writing about something very specific (e.g. the psychological aspects of adolescent alcohol use) may only interest a particular subset of people, but if that is the focus of the blog from the outset, then you may be able to write in a more technical, in-depth style.

Generate sufficient regular content on your blog to attract people to return for future visits. It is easier to lose readers than gain them, so be mindful of this. Be careful with any promises or expectations you set up, and be consistent (or at least clearly communicate the reasons behind any change in focus).

Get the balance right between provision of information and not overwhelming and losing the attention of your reader. The best blogs tend to be the ones that are short (we suggest around 500 words).

Creating blog content does not need to be a solo activity. There are numerous examples of group blogs involving several authors providing different pieces and perspectives on the same topic. There are also opportunities on larger blogs (e.g. the Mental Elf blog) to be a 'guest blogger'. Working in a team not only distributes the pressure of creating content regularly, but also enables ideas to be discussed as a team before they are published. This can help with both the time commitment involved, and allow you to get feedback on your ideas before they are made public.

What are the pitfalls?

Alongside the benefits, there are some pitfalls that should be considered. The first is the time commitment that is required. In our own recent survey of UK psychologists' blogging practices (Davies et al., 2016) respondents cited concerns about the time commitment required for maintaining a blog as one of the main reasons for not blogging. The amount of time it takes to create a blog post will vary person to person, and this skill can be refined over time. We suggest that you reserve a defined block of time for writing and proof-editing your post. Creating

blog content can take time away from your other competing commitments and time that may otherwise have been spent writing for peer-reviewed publication or working as a practitioner. Employers may or may not be supportive of this, and you might have to restrict your blogging activity to your own time. However, blogging is a valuable teaching and learning tool that you can use both for your own benefit (e.g. to meet CPD requirements and remain up to date with the evidence base) and also the benefit of others (e.g. to share with students, supervisees and others). With that said, blogging is also an effective way of exercising your writing muscles, which is likely to be beneficial for writing other types of content in the long-run.

A further issue to consider is the potential negative reception you may receive from others in relation to your blog. When sharing content on a blog, by its very nature it becomes public and is exposed to the interpretation and opinion of others. If comments are enabled, there is always the possibility that some will be negative. This can be particularly pronounced if the post is on a topical or *controversial subject, such as conspiracy theories*. With this in mind, some authors blog anonymously, thus limiting the personal 'trolling' that they could receive. A caveat, however, is that whilst blogging anonymously, you may be identifiable from the content of your posts. This happened with the anonymous clinical psychology blog 'Confessions of a reserve list jockey'. The blog provided an 'insider' insight into the profession written by someone working in and aspiring to train in clinical psychology. The blog content was honest and sometimes controversial, and the author of the blog was eventually identified by senior work colleagues. It is perhaps telling that the blog no longer exists.

Reputational issues must also therefore be considered with regard to potential pitfalls. Be clear at the outset whether you are blogging 'self as self', 'self as employee' or 'self as practitioner', for example. Blogging 'self as employee' has recently been dealt with head-on by a major academic body, the International Studies Association (ISA), who have proposed banning editors from blogging. They suggested that banning blogging would mean that the journal maintained a professional tone. The ISA suggested

that confusion could arise from people misidentifying personal blogs as a reflection of editorial policies. Regardless of whether you agree with these sentiments or not, it is worthwhile checking your employer's policy on such activities. If you do decide to blog 'self as employee', it is very important that you are mindful of what you cannot say – whether blogging anonymously, or not.

Also, be aware that whilst you may clearly blog 'self as self', your comments can still be taken as though you are writing as 'self as employee'. The opening line of *William Patry's 2008* blog stated clearly 'please don't attribute anything in the blog... to Google, which employs me', yet news stories mentioning his blog still opened with 'William Patry, Google's Senior Copyright Counsel said...'. On his final post before shutting down his blog, William said that there was nothing he could do to stop this implication, other than to stop blogging. Whilst a drastic solution, shutting down your blog is one way to deal with any

reputational risks. It is also worth reflecting on the purpose of your blog and discussing the issue with your employer, as well as deciding whether you could turn your posts into 'self as employee'. Seeking appropriate confidential arenas outside of your blog to discuss frustrations and sensitive issues is also important, such as peer supervision or a formal meeting with your employer through the appropriate channels.

A final consideration for practitioner psychologists is that you may not want service users to see a particular post due to the potential impact on the therapeutic relationship, so an anonymous blog may be more appropriate if blogging 'self as therapist'. With that said, blogging anonymously is not foolproof, and you must put things in place to protect yourself as much as you can. It is

After writing – more tips

Proofread – bad spelling and grammar give a bad impression and may lead readers to question your professionalism and credibility.

Tell people about your blog post, once you've written it and made it live. Use a social media account (e.g. Twitter, Facebook, LinkedIn); put your blog web address on your e-mail signature, business cards and CV; promote relevant blog posts at conferences. We have had success putting all of these suggestions into practice!

Publicise other people's blogs by linking to them in your own blog posts – other bloggers are likely to return the favour.

Make sure you 'tag' your content correctly – this involves assigning a category and keywords to your post, which allows search engines to pick up the post and display it in any searches for those terms and include it in its rankings.

Engage in discussion with those who comment on your blog; this can allow your network to flourish and further ideas to develop.

Be confident enough to deal with negative attention, if you attract it. Explain, apologise or engage with readers on the blog post...

...But don't 'feed the trolls': some people deliberately post inflammatory comments in order to provoke a response, and it is *best to ignore or delete these*.

important that anyone thinking of blogging remembers to maintain the confidentiality of other people who may be mentioned in blog posts, unless they have given their explicit permission for this information to be shared in a public forum.

Over to you

Blogs represent a popular and accessible medium, a dynamic, interactive online platform that allows authors to exchange ideas and to develop research networks and communities of practice. They are here to stay. Sure, blogging is not without pitfalls, such as time and potential negative feedback. You also need to be mindful of any reputational risks, and if you are blogging 'self as employee', know what you can and cannot say. We believe, however, that the benefits far outweigh the negatives. With this in mind, we urge you to explore blogging for yourself, and in the boxes on these pages we offer some practical tips to help you do just that. Dip your toe in by checking out the British Psychological Society's own Research Digest blog at www.bps.org.uk/digest, or if you already have a blog that you'd like to share with fellow psychologists, tweet @psychmag using the hashtag #psychbloggers.

"blogging... an effective way of exercising your writing muscles"

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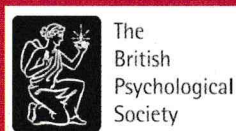
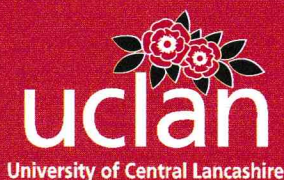
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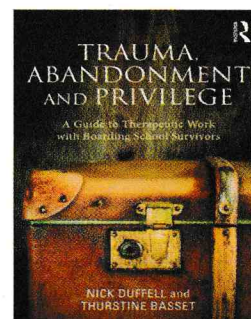
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From the ZX Spectrum to smartwatches

Anna Cox takes Lance Workman through her life in human-computer interaction

You're field of expertise is human-computer interaction (or HCI). I saw a great picture online, of you as a little girl in the 1980s showing your nan how to use an old BBC computer. Is this where the fascination with HCI started?

I think probably it was. In fact in the 1980s the school where my dad then taught science got three of these BBC computers. It was a big thing to get computers in schools back then, and he brought one of them home for the weekend. Of course there was very little you could do with them – just a bit of basic programming. A few years later when the ZX Spectrum 81 came out my brother got one of those and I remember spending my birthday money on one. So from a young age having computers around was very normal for me. That photograph of me with my nan is a bit of a funny family story. This was this new big machine and she was very dismissive: 'Well it's all very interesting, but I really can't see these ever catching on!'

To be honest HCI is an area I know very little about, I have always felt I really should. Why is it important for us to study HCI?

The basic answer is that we all use computers all of the time these days. Just looking around this room – we have a voice recorder and a speaker phone. All of these devices have small computers inside. These sorts of things are everywhere – in our cars, in our offices and in our homes. So it is an interesting area to see what people are doing with them. And HCI grew out of psychology – it was one of its founding

disciplines. But now it has a range of areas such as design, sociology and a whole number of perspectives. One aim is to try to improve the design of the system to make it easier to use and to make it a better match to what people are trying to achieve. These days there is lot of work on innovation. It has become very creative.

Do you see yourself primarily as a psychologist?

Yes, that's my home discipline. My



Dr Anna Cox is Deputy Director of UCLIC and Reader in Human-Computer Interaction at University College London
Twitter: @DrAnnaCox
anna.cox@ucl.ac.uk

undergraduate degree was in cognitive science and my work uses theories and methods from psychology in order to understand HCI. I'm not a designer. I don't create new technology – I study people who use technology.

I see you are wearing a smartwatch – are you the sort of person who can't

leave their PC/smartphone/tablet alone?

Well, this is something I study. A lot of people become quite stressed if they go somewhere and there's no wifi or they leave their phone at home by mistake. I think I'm not too bad. I tend to have quite strong boundaries between my work and my home life. So although I use technology a lot, it's not all about work for me. I tend not to look at work e-mail on my smartphone.

So do you dissociate work from pleasure when you are using technology?

I'm pretty good at keeping them separate. We actually published some work recently where we found people have separate e-mail accounts for work and leisure. We are starting to see people develop strategies to keep these separate. And I want this separation too. When I'm using technology for leisure I don't analyse my own behaviour. Sometimes you get a bit of an idea from how you use technology – but for the most part I manage to keep these separate.

You have written about how people use their smartphones. I have decided not to own one, in order to avoid checking my e-mail all the time. Do you think that I'm doing the right thing in relation to work-life balance?

There isn't really a right or a wrong here. I think it's about understanding what works for you and your own preferences and strategies. When people get stressed here it is because their preferences are not aligned with their behaviours. So for example, if you are the sort of person who really likes to be connected and you have an employer who says you can't access your work outside of the building – then you may find yourself staying in the office much longer. You might want to have more flexible boundaries between home and work – but your job does not allow for that.

Equally for other people, who like to leave the office and leave work behind but are required to be on call all the time, then they will find that very difficult. So it's about understanding your preferences and work styles and trying to find the sort of solutions that work best for you.

Tell me about UCLIC.

UCLIC stands for University College London Interaction Centre. We are a research department at UCL which is funded by both the Division of Psychology and Language Sciences and the Department of Computer Science – so half of us are employed in one

department and half in the other. We teach a few undergraduate courses in each of those departments – there's a final-year option both on computer science and on psychology. But our main teaching is a master's in HCI which has been running since 2004. Prior to that there was the ergonomics department at UCL which we grew out of.

Ergonomics is a bit of an old-fashion term these days?

It's a term that is used mainly in Britain rather than in other parts of the world, where it is usually referred to as human factors – but those two terms are pretty much interchangeable. It is an area of thriving research. It has contributed to safety in a number of areas – for example, in aviation, in gaming and increasingly in medicine, where people are looking at how human factors are involved in all areas of hospital life and at errors that might occur due to human factors.

You are involved in developing a platform for assessment of cognition in dementia – how will this work?

This project only started recently. In fact, our first big meeting is on Friday. The idea behind the project is that dementia is caused by problems in many different parts of the brain. Often we assume it affects the areas of the brain that are involved in memory. But equally it can affect the parts of the brain involved in vision. The aim of this project is to improve diagnosis of visual problems. So we plan to take existing tests and build them into a more automated system that makes use of those tests and of eye-tracking technology. We are looking to create a technological solution for testing so that people who are at high risk could get early diagnosis. It's all about automating the way that we diagnose visual problems related to dementia and perhaps increase the rigour in diagnosis and push that out into hospitals.

I read that you were involved in a study that suggests digital gaming during leisure time is associated with better recovery from working stresses, particularly when that gaming involves online interaction with other people. Gaming gets a lot of bad press, and we tend to think we should not spend time playing video games because it will be harmful. But there may also be benefits associated with these games, and some types of game more so than others. In our study we analysed the correlation between how long people spend gaming and measures of recovery from work-related stress. As part of this we asked

questions about the types of games people play. Of course there are many types of games from Candy Crush – which is just you and your phone – to much larger-scale, multi-player games that involve interaction on the internet using, say, Skype. In such games you have to interact with other people a great deal. You have to create teams and plan to work together. We found that when you are involved in that type of game you recover more rapidly from work-related stress. Of course this is a correlational study – so we can't for now say what is cause and what is effect here. Our findings show that people who are involved in playing that kind of game also score better on recovery from work-related stress.

We are following this up in the lab. We give people a horrible task to do to create a need for recovery and then we give them one of a set of interventions. In one you may play a game, in another you may watch TV and in yet another you may just sit there and read for 20 minutes. It's at an early stage but it looks like we get a difference in recovery depending on what kind of activity you have been involved in. It may well be that playing a social game after work really aids recovery.

Do you play games yourself, and if so do you play social ones?

I wouldn't identify myself as a gamer as such – but I do play games. I play mainly casual mobile phone games and sometimes the social ones – like Words with Friends, which is a bit like scrabble. That sort of game may involve a little chat with a friend. So if someone plays particularly well I may make a comment. But most of the ones I play are not social. 2048 seems to be very big right now. It's a puzzle game where you are trying to match tiles and reach particular targets in the game. I enjoyed that one so much that I have told other people about it and then they have wasted large amounts of their lives!

Our lifestyle seems to have changed enormously in recent years because, as you say, we often carry computers around with us. Do you think overall this is a positive development?

I think it's made lots of things easier. Much of the technology helps people to stay in contact with others they would have lost touch with. That's one of the positive things. The flipside is the fact that we are more connected to things like work, and this might bring some negative effects. In the main, people are really pretty good at finding ways of managing these things. That is one of the interesting things that

HCI has found – people don't all use a piece of technology in exactly the same way. It's really interesting to see how people have taken a piece of technology that was designed to be used in a certain way, but they have adapted it to fit in with their lifestyles in a way that works for them. So on balance, for me, recent technological developments are a positive thing.

HCI has moved on very rapidly – so what's the next big thing?

Unlike most areas of psychology HCI doesn't have areas that people have been studying for years on end. Because the technology moves on so fast – the research that we do also changes very rapidly, otherwise it becomes out of date very rapidly. In terms of what is happening now and in the near future I think wearable computing, like smartwatches, is coming along very rapidly. Also activity trackers are being used more and more so there has been an increase in the amount of research here.

A problem with smartwatches is how can we input text on what is a very small screen? At the moment it is very much a notification screen which shows you what is on your phone. There are some ways in which you can use them as input devices – such as predetermined messages such as 'I'm on the next train' or 'I'll be home in time for tea' or whatever. But as it stands, given the size, it's very difficult to compose a new message via your watch. So that is the sort of thing that people are looking at right now and how it will have an impact on our lives in the future.

You talked about recovery from work stress – what about your own ways of recovering from work stress? I hear a rumour that you've done a bit of snowboarding!

I can see you have done your homework! Yes I used to snowboard a long time ago – before I had any children. Then we stopped going because it's not very compatible with a baby. Then earlier this year we booked a holiday to go snowboarding – and I found it's just like riding a bike. I was a little bit nervous about doing it again after so long. But it came back straight away. The great thing about it is that you have to concentrate. If you want to disconnect from work snowboarding is great – because you can't think of anything else!

Finally, we've talked a fair bit about smartwatches. If we were to meet again 10 years' time, will we all be wearing smartwatches?

Yes.

Having faith in mind

Yeni Adewoye with the latest in our series for budding writers
(see www.bps.org.uk/newvoices for more information)

According to the 2011 census, more than two thirds of the UK population report having a religion. So is it not time for mental health services to consider how they are meeting the needs of such people? People of faith have reported feeling unable to discuss their mental health within their place of worship (Wiffen, 2014) and being cautious in seeking therapy outside of

this due to a fear of judgement (Mayers et al., 2007). A significant number of the population may not be accessing professional support for their mental health – perhaps that gap in care could be bridged by looking at how we can accommodate religious views in therapy.

In 1994 Gutsche described religion as possibly the most unexamined area of diversity in mental health and this still

appears to be the case. Whilst mental health services have made adjustments in other areas, such as language and learning difficulties, no significant efforts have been made to consider the place of religion.

Furthermore, despite the high proportion of religious individuals in the UK, existing research on the integration of religion in psychological therapies is minimal. Of the studies available, many have problems with design and overall quality (Lim et al., 2014). Nevertheless, this article will briefly review evidence for and against the integration of religion in therapy, and raise practical suggestions. These will be informed by my current work within Step 2 of IAPT as a Psychological Wellbeing Practitioner (PWP), in which I guide patients through brief psychological interventions for everyday mental health difficulties such as depression, anxiety and panic following the cognitive behavioural model.

I developed an interest in this area through regular church attendance, where I noticed that personal journeys with mental health were sometimes mentioned in an anecdotal manner but practical suggestions were rarely offered. This led me to think about the relationship between mental and spiritual health, and how this could be used in therapy.

A very brief review of evidence

The evidence for the integration of religion in therapy is mixed. Propst et al. (1992) compared CBT-r (CBT with religious content) with CBT, pastoral care and a wait list condition. Fifty-nine Christian participants experiencing clinically significant depression completed 18–20 sessions of CBT over three months. Whilst all three conditions resulted in remission of depression for participants, those in the CBT-r group had significantly lower scores on the Beck Depression Inventory than all other groups.

A similar study found that



If therapists do not feel comfortable discussing religion, this will limit the use of treatments that integrate faith

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participants receiving psychotherapy that integrated religion and cultural norms experienced an accelerated reduction in depression symptoms compared with those receiving standard psychotherapy, although end results showed equal efficacy overall (Razali et al., 1998).

Therefore, therapy that integrates religion seems to be at least as effective as their standard counterparts and may result in a quicker reduction in symptomology. This suggests that there is some value in integrating religious values with therapy. Systematic reviews in this area reach a similar conclusion (see Berry, 2002; Lim et al., 2014; Paukert et al., 2011).

Uncomfortable or unskilled?

When Mir et al. (2015) interviewed a variety of mental health practitioners about discussing religion in therapy, all stated that they avoid the topic or talk around it. 'You may not even go into that territory... I don't think I'd have the courage... we ask them questions around faith... when something related to faith comes we avoid it' (p.193). In a separate study, therapists felt they avoided the topic because they lacked the language or knowledge needed to navigate the discussion in the way they'd like to, which could result in their using terms that may not be appropriate for the discussion (Good, 2010). This lack of appropriate language and comfort may be down to inexperience with religion in therapy. If therapists do not feel comfortable discussing religion, this will limit the use of treatments that integrate faith: this needs to be addressed within training.

How can religion be integrated?

Within research the most popular method of integrating religion with CBT is by creating a specialised treatment manual for therapists to follow. Meer et al. (2012) created an 11-session behavioural activation (BA) manual for Muslim patients in Bradford. They reported that

service users (across varying levels of religiosity) responded positively to the availability of a treatment that incorporated their faith. To deliver the manual therapists were required to attend specific training and supervision alongside their standard caseload, supervision and case management. In practice the need for additional supervision may deter therapists from using a specialised manual. Furthermore, according to NICE guidelines, patients with mild to moderate depression should be seen for six to eight sessions of therapy within Step 2 of IAPT: the 11-session schedule would not fit that. Perhaps services will need to alter such manuals to fit their current treatment schedules; many already create their own self-help booklets.

Focusing the integration of religious information into materials that are already commonly used could provide a way around barriers like separate supervision, specialised manuals and to some extent therapist discomfort. For example, Wiffen (2014) modified the widely used online CBT programme 'Living Life to the Full' by adding relevant Christian items such as prayers and illustrative stories. In this way, therapists should be able to explain interventions and run the sessions as they would with a secular client but instead make small changes, such as swapping a standard 'worry' timesheet for one with religious examples.

Experts in religious theology and communication, such as rabbis, imams and pastors, could be consulted during the creation of such materials. If patients have queries about the religious content of the worksheets or modified manuals therapists can encourage patients to connect with or build a support network for their faith, which could include joining a study/connect group, speaking to friends who share their faith, reading further in their religious texts or speaking to leaders in their place of worship. If these sources of support are not available, building that network could be achieved via signposting.

For a working example of how religion and CBT can work together, I reached out to a colleague who often incorporates religion with therapy. As a result of this practice she was able to share her experience of incorporating Christianity with worry time. A client requested that her faith be included in therapy as she was finding it difficult to relate her religion to her current difficulties with anxiety. To start the session my colleague explained worry time and completed a maintenance cycle for anxiety. She then asked the patient how the worries she had identified in the maintenance cycle matched up with what she knew of the Bible. The patient felt that her worries did not match what she knew; they discussed this discrepancy and consequently my colleague asked how she could use that information to challenge her worries. Through discussion they agreed to use a focus scripture – Matthew 6:25–34 ('Look at the birds. They don't plant or harvest or store food in barns, for your heavenly Father feeds them. And aren't you far more valuable to him than they are? Can all your worries add a single moment to your life?'). They noticed the worry, wrote it down, then read the focus scripture as part of returning to the present moment.

Conclusion

At first glance, it may seem that the integration of religion in therapy is a step backwards in terms of evidence-based practice. However on closer inspection it's clear that the evidence base remains the same as the intervention itself is unaltered. Services can show commitment to the NHS pledge on diversity by developing materials with religious information (e.g. see www.spiritualityandhealth.duke.edu/index.php/13-religious-cbt-study). In addition, training institutions will need to review the content of their religious diversity training to tackle the problem of therapist discomfort, perhaps broadening content from assessment and awareness to case studies on CBT-r and practical assignments. It is only then that we'll be able to see whether therapist discomfort and training quality are linked or separate factors.



Yeni Adewoye is a Psychological Wellbeing Practitioner
yeniadewoye@gmail.com

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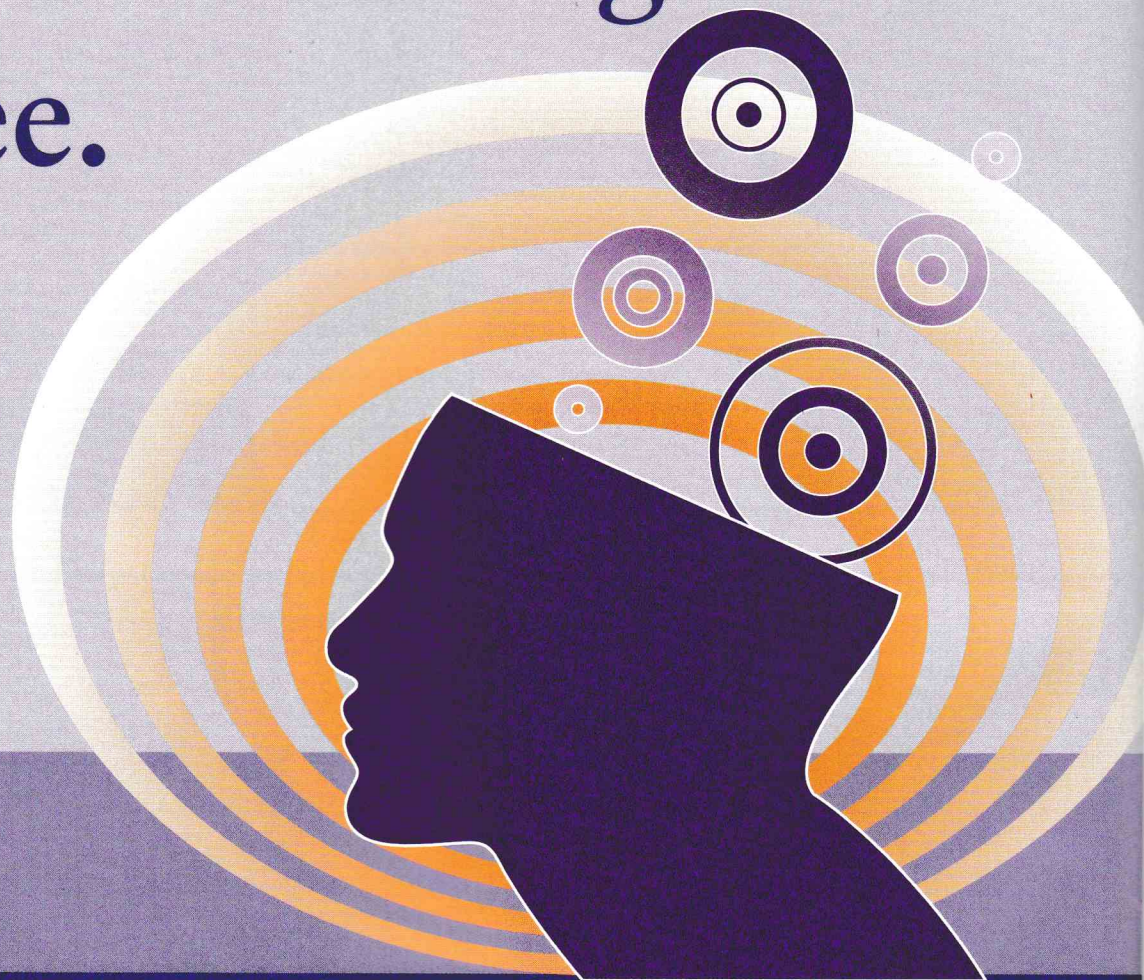
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Hearing the voice of the child

Ron Davie talks to Ian Florance about his interdisciplinary life

Ron Davie started training in the commercial world, became a teacher and an educational psychologist, and now in his mid-eighties is enjoying retirement in the beautiful Cumbrian countryside. In between he had a long and distinguished career in, among other areas, the National Children's Bureau. I can't reflect the full richness of Ron's experiences in one piece, but I'll try to give a flavour of his interdisciplinary life.

Ron was brought up on a council estate in Birmingham: 'Aston Villa is still my football team!' His father worked as a master cutter for Swallow Raincoats; his mum was a Prudential Insurance agent during the war.

Ron was a bright child, passing the 11 plus, but feels he really found himself when his school was evacuated to a large manor house in Ashby de la Zouch. 'In effect I got a boarding school education, and I returned to Birmingham when the bombs stopped a very different boy.' He had no thought of university and, since he was good at languages, started working in an export merchants specialising in South American markets. 'I'd had tuberculosis at 15 and that precluded me from National Service. But two to three years into the job I began to feel that I wasn't going to be producing anything useful. I thought about going into the church but decided to do a first degree in psychology and then make my plans for the future.'

Ron claims he had no particular motive in studying psychology

other than a desire to work with people. 'In my final year, I met a teacher-training postgraduate who enthused me about the challenge of working with deaf children. To become an educational psychologist I needed teacher training and teaching experience. I was able to do teacher training and a specialist course in teaching deaf children at Manchester – probably my first venture along an interdisciplinary path, because these two fields can feed off each other. So, for the next five years I taught both deaf children and mainstream primary and secondary children. My year's postgrad training in educational psychology at Birmingham prepared me for my first job as an educational psychologist on the Isle of Wight.'

A game-changing career move

'I'd got on well with my Birmingham course tutor Dr Mia Kellmer Pringle. By this time she was the first director of the National Bureau for Co-operation in Child Care, later re-named the National Children's Bureau (NCB). She encouraged me to apply for the post of Senior Research Officer of a new national study – the National Child Development Study (NCDS) – to be based at NCB. This study assessed the attainment, health and development of all the children in Britain, born 3–9 March, 1958 (some 15,000 in all, at this point). It was funded by money from the Plowden Committee whose 1963 terms of reference were to consider primary education in all its aspects and the transition to secondary education.'

Ron got the job, moved to London and set about delivering a report to Plowden in 18 months to a budget, later revised upwards, of £26,000. The study had to liaise with every director of education and school medical officer in Britain. 'Perhaps most challenging was the fact that I had to lead an interdisciplinary team with knowledge and skills of which I had little or no previous experience – questionnaire design, critical path analysis, advanced statistics, large-scale



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data analysis, and the tools and concepts of the demographer. But we managed to deliver the report, though with just a few hours to spare.'

I asked Ron why, given his lack of relevant experience, he got the job. He shrugged his shoulders. 'I really don't know. I'd been a hands-on educational psychologist, but this was very different work, requiring very different skills. Both the interviewing group and later the steering committee comprised giants in this field! They must have concluded that I could rise to the challenge. I found the prospect exciting and enthusing, but not a little daunting and stressful at first.'

Ron worked at the NCB for nearly a decade, rising to be Director of Research and Deputy Director. His many publications included his best-known work *From Birth to Seven* in 1972. Its most prominent, and politically relevant, conclusion was that substantial social class differences in the attainment, health and development of Britain's children were clearly evident as early as seven years of age. Ron's work at NCB also brought him into close and working contact with the whole of the voluntary, statutory and professional worlds in the children's sector.

And another!

Ron's next big change was to move into an academic role. 'I'd never held one or thought of applying for one, but friends and colleagues encouraged me and I was successful at the second attempt with a Chair in Educational Psychology in Cardiff. I was delighted when, within the first few months, a number of interdisciplinary opportunities developed. I had been worried that this role would narrow my focus, but it didn't.'

In 1980 Ron went back to become Director of NCB, and set about a number of key tasks. 'I managed to negotiate moving the National Child Development Study out of the Bureau and into an academic setting, where it belonged. Also, the NCB adopted more of a policy rather than a purely research focus. However, the Bureau was seen by some as a government creature, and that had to be changed. There were many outstanding people at the Bureau to bring on as well.'

'We ensured that the Bureau operated in a more collaborative way with other bodies in the field. Early on, I responded very readily to the plea from Baroness Faithfull – NCB's President – for help in servicing the All-Party Parliamentary Group for Children, which she chaired; I was appointed as the Group's first professional adviser.

'By then, I didn't think or feel or operate simply as a psychologist. I understood the subcultures of colleagues in child health, child psychiatry and social work/child care, and this complemented my professional roots in education and psychology. I was made a Fellow of the British Psychological Society in the 1970s, but also a Honorary Fellow of the British Paediatric Association and later a Founder Fellow of the Royal College of Paediatrics and Child Health in the 1990s. In 1991 I was elected President of the National Association for Special Educational Needs.'

On leaving the Bureau Ron decided to return to his first love in working directly with children and families again. 'So I retrained at UCL. I wasn't going to be any use having been away from the front line for 25 years without that. Then I had to face working as an independent consultant in child psychology without a salary and the need to market myself – something I dreaded – in my sixties. But a close friend recommended me to replace him as an expert witness in the family courts working for the Official Solicitor. The Law Society added me to its database of expert witnesses. Social services departments used me, too.'

'I felt I could help children and families – and the courts. I knew the legislative background well and I had also become very familiar over this period with the worlds of paediatrics, child psychiatry and psychology, child care, adoption, disability and special educational needs. In family court situations, the most important piece of legislation was the ground-breaking 1989 Children Act; and I had been very closely involved in its formulation. At the same time I undertook some lecturing, training and consultancy; in 1994 I became a member of the newly constituted Special Educational Needs Tribunal, which considered appeals from parents about local authority provision for their child.'

I asked Ron which was the achievement that gave him greatest satisfaction. 'I had some influence on the ongoing debate on children's role as witnesses, in the 1980s. Through the All Party Group, I introduced the Cambridge academic lawyer John Spencer into this scene and his contribution was significant. Second, in the mid-80s a House of Commons Select Committee recommended a new Children Act. Through my position at the Bureau I was able to invite all the major stakeholders to meet regularly at NCB under my chairmanship and hammer out the framework of a new Act to which they could all sign up. I also invited the civil

servant with responsibility for shaping the Act to join us in these discussions. The resultant 1989 Children Act was widely welcomed, and stressed the importance of "ascertaining the wishes and feelings of the child" in non-criminal court proceedings (e.g. in the Family Court). Thus, in both these two contexts the linking thread was to take "the voice of the child" seriously. My personal satisfaction derives from my being on the spot to have a finger in both of these pies.'

Ron summarised our talk. 'All my work has revolved around two issues – the care of children and how we can bring together different professions to ensure we can improve that care. I think any psychologist needs to understand how medical and social science colleagues work – their ethos, approach and history. As regards my career, I didn't plan it. As you can see, it doesn't follow any identifiable arc. But gatekeepers and facilitators challenge you, open doors and can help you shape your career.'

I'll add one further issue I took from this discussion: by remaining open to other professions' experience and embracing new areas of work, Ron was able to influence policy at a very high level. Psychological research, practice and policy work together to affect real-life issues, and Ron's career is a great example of this.

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Life in a Ugandan slum

Shalini Raman reflects on some valuable professional and personal experience

In 2010 I travelled to Uganda to work with orphans with complex backgrounds. It was an eye-opening experience and incomparable to the news we hear from the Western world. There is something truly different between experiencing a country in the flesh, and reading and seeing it on the news. When you are there, you not only see, you feel, smell and taste the vibrance of Africa that no documentary can ever really capture.

At the time I was studying psychology at the University of Birmingham and was keen to gain more experience in working with children with complex psychological difficulties in developing countries. I currently work as a senior assistant psychologist in a Child and Adolescent Mental Health Service (CAMHS) and I have found that I often reflect on my time in Uganda and recall the events that have had such a significant impact on my professional and personal life.

I travelled with a charity and volunteered as part of the group, who were mostly European. Over the weeks we familiarised ourselves with a local orphanage and met all of the children. We spent time socialising, playing games and visiting the local zoo. The majority of the younger children did not speak any English, and instead we communicated through our play and use of gesture. All of the children, despite having faced significant adversity and trauma in their lifetimes, greeted us with smiles and laughter. Many of the children in the orphanage had contracted AIDS/HIV from their parents, and the majority of them had become orphans due to parental deaths. Some of the children were no more than two years old and despite experiencing such devastation were still able to form secure attachments with the other orphans.

The first time I visited the orphanage, I felt a strong sense of community and family. Everyone responded to each other with respect, compassion and loyalty, regardless of age. I reflected on my own family interactions, and how spending more than a fortnight on holiday with my elder sister often resulted in an argument! Here, each individual seemed to respond to the other with empathy and compassion, and the two founders of the orphanage reported that disagreements

amongst the children were usually quickly resolved.

During the time that I spent in Uganda, I spent time getting to know each of the children and engaging them in play. They taught me games and songs, whilst I taught them British nursery rhymes. Another part of my role was to encourage the children to use creative methods of expressing their grief and trauma. For example, we spent time



painting different scenes with different themes, such as happy and sad moments, family, friends and their aspirations for the future. Each child then had the opportunity to describe their painting and what each part meant for them. This was a very powerful exercise and allowed me to reflect on my own childhood and consider how different my life might have been if I had not been born into a life of limitless opportunity. I questioned whether I would have the resilience and strength of character that each of these children had, to endure and overcome such adversity.

We also told the children the stories of local chimpanzees, rescued from poachers. Violet was a chimpanzee found when she was one year old, hiding under her dying mother in a forest trap. Caged, starved and abused by the poachers, when she was rescued and relocated to

the Sanctuary she had to be kept separate from the other chimpanzees, as she was in a very vulnerable state. Refusing to eat, she would sit in the corner of her enclosure and rock back and forth during the night. These stories gave the children an opportunity to talk about their own traumas or observe the similarities of their experiences. We used chimpanzee pictures to facilitate their recognition and expression of the emotions that they were feeling, alongside the emotions experienced by each of the chimpanzees.

These ways of quickly developing strong relationships with the children is something I remind myself of every day in my professional life. I try to use self-disclosure in sessions, whilst maintaining the boundaries of professionalism, because it allows the young person to identify and relate to you as empathising and understanding their position. It also allows the young person to gain real-life examples of how the psychological intervention works, whilst developing trust and motivation to engage with the work despite its challenging nature.

During my time working with the orphanage, the founders felt that it was important for us to see the slums where all of their children had come from. None of us knew what to expect, having never travelled to a slum previously. When we arrived, the founders of the orphanage suggested that we remove all jewellery from our body and empty all of our pockets in the bus. We began walking through the crowded narrow lanes of the slum and immediately people approached us. Our guide explained that women and young girls in the slum tend to hide within the mud huts during the daytime, in order to avoid physical and sexual abuse from men. This was very difficult to hear, and I remember feeling incredibly vulnerable as a woman in leggings and a T-shirt being poked and prodded with curiosity from various angles. I saw several people with severe physical health problems, including open wounds and many people missing limbs using sticks as crutches. The harshness of the situation caught me off guard, and I noticed guilt build within me as I considered the luxury and convenience of the NHS at home. I think this scene certainly made me value the health care

we are 'entitled' to in the UK. When I find myself becoming impatient that I can't get a GP appointment within three weeks, I remind myself of my visit to this slum.

Perhaps we can also take our education system for granted. People make statements about the importance of 'getting a job', but unfortunately the majority of government-funded schools in Uganda do not have reliable teacher attendance, making education a significant struggle for those with little resource to fund their child's path through school. Added to this, the unemployment rate in Uganda is high, which makes it very difficult even for college graduates to obtain jobs. The combination of poverty, trauma and limited access to good education and healthcare systems makes it a significant challenge for individuals to achieve a sustainable lifestyle.

As we moved further through the

slum, I quickly lost my bearings, which was a frightening experience. But generally, we were greeted with curiosity and a warm welcome, so my memories of this experience and the people are positive ones. I would not trade it for anything, and I constantly reflect on my time spent there, to remind myself of the strength, resilience and motivation those children had, in order to overcome these significant challenges. In my professional work I believe that my experiences of different cultures has allowed me to develop strengths in empathising with others experiencing poverty of mental health regardless of their unique past experiences and cultures. Establishing rapport and being able to identify with clients with different life experiences from yourself can be challenging, but my time in Ugandan orphanages and slums has certainly positively impacted on my

ability to do so with respect and sensitivity. I learnt a lot around how effective communication expands so much further than speech alone, and actually facilitates a connection to that other person in the interaction. I was able to communicate with each and every one of the young people in the orphanage, whether they were two years or 18 years old, speaking English, or speaking Luganda. I use these essential skills – relying not only on speech, but also gesture, facial expression, posture, mannerisms and appearance – every day in my work with children and young people with varying presentations, from learning depression and anxiety disorders to learning disability. I would urge people to visit Africa: I can say with confidence, having visited nine African countries, you will fall in love with its beauty, people, culture, wildlife and cuisine.

Hearing loss and my career

Naoimh Fox writes about the effect of a hearing impairment on her work and aspirations

At the age of 24 I was diagnosed with a hearing impairment. I was in the final year of my PhD, finishing my data collection and writing up my thesis. While this had a huge impact on me emotionally, I successfully passed my viva a year later.

Two years on from completing my PhD I have been working as an Assistant Psychologist (AP). The transfer from working in isolation during my PhD to working with multidisciplinary teams required considerable adjustment. My work is based in a very busy environment that involves engaging with colleagues during team meetings, working one-to-one with clients, assessing children with behavioural issues and leading a number of psychoeducation groups.

Losing my hearing has been a huge struggle for me at times. I felt embarrassed, self-conscious and terrified about informing my colleagues and supervisors that I had a hearing impairment: I found it very difficult to even say the words. I decided that it would be easier for me to talk to colleagues individually rather than address groups of people. I then had to adapt my communication style in work and in social situations to follow conversation effectively. This had involved: reminding colleagues that I am hard of hearing and asking them to face me during conversations, asking people to repeat conversation during meetings and speak slower and louder during phone calls, and ensuring I sit closest to the main speaker during meetings.

I am in the process of setting up a support group for individuals with hearing loss who experience tinnitus. Through this, I plan to share my experience of hearing loss and tinnitus with others. I have developed my confidence and assertive skills by joining a local lip-reading class (even though I was the youngest member), and finding opportunities to talk about my hearing loss to improve my self-esteem. Over the past year,

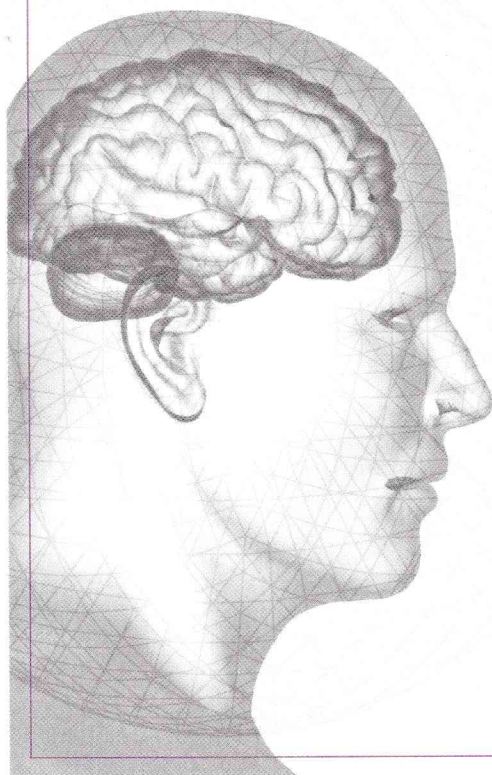
"I have not let this affect my focus"

I have worked hard to develop my confidence and ability to talk freely about my hearing impairment. I am still in the process of accepting it, but talking to colleagues has inspired me to give a presentation to them on how to support people with hearing loss in the workplace: mainly by reducing social isolation and increasing self-esteem. Tips include:

1. Make sure that you face the hearing-impaired individual during conversation and, if possible, that you do not sit with your back against a window or lamp. This makes it easier for individuals to lip read.
2. Do not whisper or lower the volume of your voice, but do not raise your voice or shout. This can distort the sound and make conversation more difficult to follow.
3. Be attentive to others during conversation to ensure they are not having difficulty listening. A puzzled or confused look may indicate the individual has not heard you.
4. Say the individual's name before starting a conversation. This can help the individual to concentrate and reduce the likelihood of words being missed.
5. If the hearing-impaired person has difficulty understanding you, try to rephrase rather than repeating the original words over and over.

Although my hearing loss has been unexpected and life-changing, I have not let this affect my focus on obtaining my dream career. Instead, I have become more aware of and developed my strengths and abilities, which I believe has made me more confident. If you have a disability or impairment – sensory, physical or otherwise – don't let it stand between you and your goals and dreams.

I Dr Naoimh Fox is an Assistant Psychologist working for the HSE (Health Service Executive) in Ireland
naoimh.fox@hse.ie



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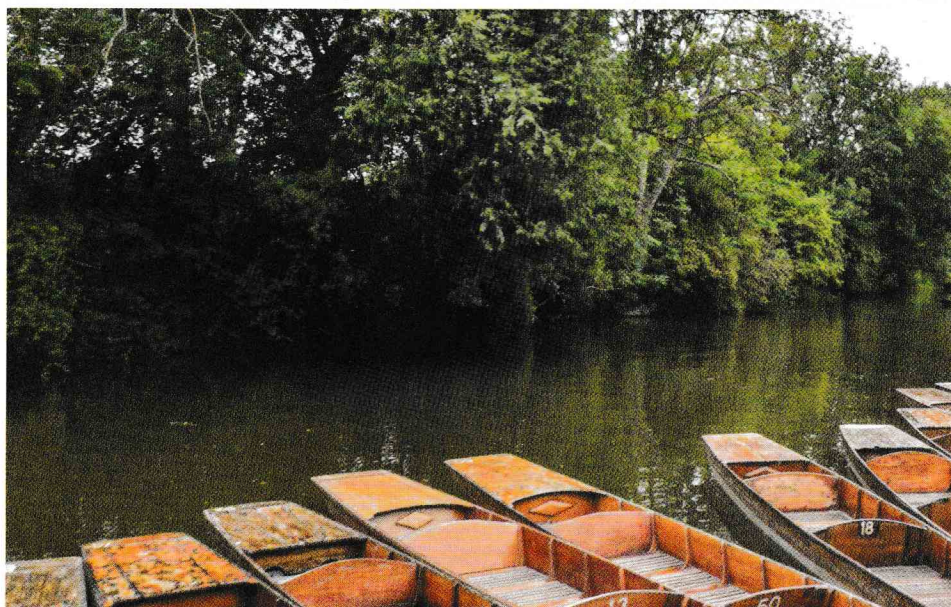
Send CV to Martin Carroll
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Job Title: Associate Professorship of Education and the Developing Child
Employer: University of Oxford: Department of Education

Terezinha Nunes is Professor of Educational Studies and a Fellow of Harris-Manchester College. She leads the Children Learning research stream in the Department of Education. At the end of our discussion about the Associate Professorship role, we asked her what she felt was particularly important for candidates to know. 'We want someone who is committed to very sound research that is applicable at the primary-school level – a psychologist who knows about children, has worked with them and is committed to research that is aimed at improving their learning. It's a new job since the MSc in Education (Child Development and Education) has been so successful and has grown the supervision workload.'

The Department is something of a research powerhouse. All of its staff are expected to be active in research. It was ranked first in the Education Unit of Assessment of the Research Excellence Framework. Why is it so successful in this respect? 'There are two research groups in the Department: the Children Learning group, which I lead, and the Families and Early Learning group led by Dr Maria Evangelou, which are associated with this post. They concentrate on early learning and primary education rather than secondary schooling – which is where the Department's teacher-training activities are focused and a well-known strength in the Department. This point is important. Longitudinal studies show that early years' education impacts on later educational and social outcomes. So our research groups have been very good at getting major grants and affecting policy and really influencing children's learning experiences in primary school.'

What sort of person do you want? 'We really want a psychologist. I'm retiring in one or two years and there will be some overlap during this time, but we want someone who can bring some of the background I have. We need someone with a strong theoretical grounding in developmental psychology and who wants to use it in an educational setting. Unless he or she is exceptional it's unlikely he or she will have just finished their PhD: they should have shown the ability to lead research, have taught –



UNIVERSITY OF OXFORD DEPARTMENT OF EDUCATION

In association with Brasenose College

Associate Professorship of Education and the Developing Child

Grade 10a: Salary from £45,066 per annum

This post is tenable from early in the 2016/17 academic year

Applications are invited for the post of Associate Professor of Education and the Developing Child to be based at the Department of Education, Norham Gardens, Oxford. The post is full time and, upon completion of a successful review, permanent. The appointment will be made in association with a Fellowship at Brasenose College.

The University wishes to appoint a candidate whose main research and teaching experience is in the broad area of child psychology and education. The main duties of the post will be: to contribute to the Department's strong research profile in future research assessment exercises through his or her own programme of publications and research funding; to contribute to teaching of the Child Development Education pathway of the MSc Education and to its further development; to supervise graduate students in the broad area of child development and education; and to contribute to the research-related activities of the Children Learning and FELL research groups.

The successful candidate will have a completed doctorate in psychology or education, in an area of relevance to the post, successful experience of social scientific research in the field of child development and education, the ability to link research in the area of child development to larger theoretical debates in education and the social sciences, and an interest and expertise in quantitative research methods. She or he will have the ability to obtain and manage research grants and manage contract research staff and a proven track record of high quality publications in a relevant area. She or he will also have a strong background of teaching in child development, successful experience of teaching high achieving graduate students, including doctoral students and the ability to work effectively and collegially as part of a team

The duties and skills required are described in more detail in the further particulars, which also include details on how to apply.

These may be obtained from: <https://www.ox.ac.uk/about/jobs/fp/> or by contacting the PA to the Director (email: barbara.raleigh@education.ox.ac.uk).

The closing date for applications is 12.00 noon (UK time) on **11 May 2016**.

Please quote reference number **EP15003**.

Applications are particularly welcome from women and black and minority ethnic candidates, who are under-represented in academic posts in Oxford.

as you can see from the advert, teaching is required – and will have worked with children.'

Terezinha commented further on the issue of exceptional candidates. 'The job is for an Associate Professor, but if we really do get a star applying we might be able to move the position up to a full Professorship.'

'There are lots of opportunities for cooperation in the Department – for instance I regularly work with PGCE tutors who have different experiences and knowledge. It's a very busy

department: the Master's programme in Child Development and Education alone recruits 12–14 people a year. That means we have a stimulating range of skills and experiences in the Department. But what I like most about the culture here is that we're given a lot of independence to shape our own research programme – obviously, as long as it's relevant.'

Are there any other things that make this an attractive job? 'Well, working in Oxford is wonderful. Norham Gardens is a historically and architecturally fascinating road near the River Cherwell and parks. The links with the colleges really help the work. And being part of such a highly rated research institution that has a real effect on primary-school children's futures – and one which is focused on continuing that excellence – is very inspiring.'

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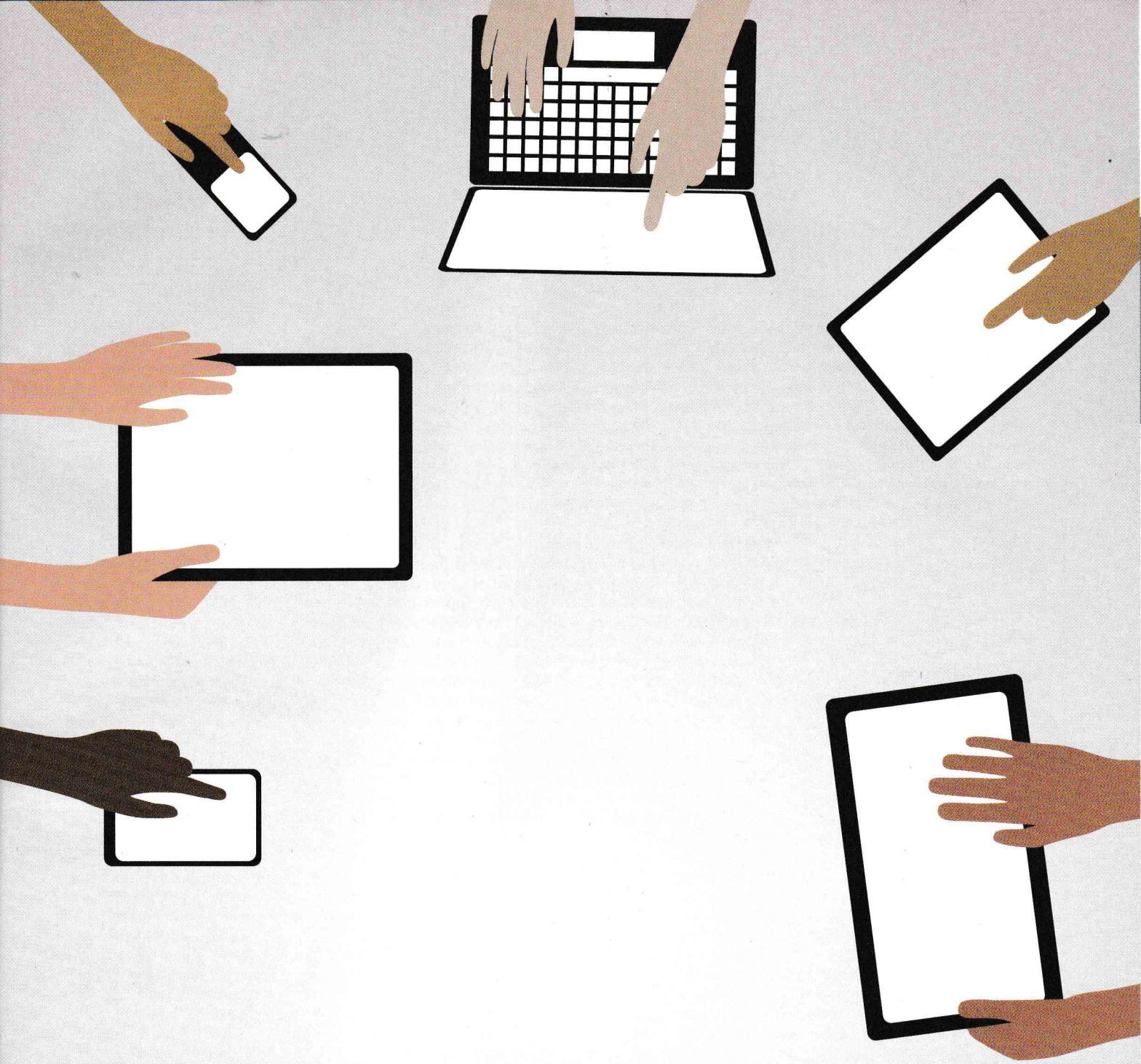
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**The British
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A frustrating watch

The BBC is to be commended for the intention of its two-week strand of mental health programming, *In the Mind*: to 'help raise public awareness and understanding of issues relating to mental health'. So it's unfortunate that the opening programme, *The Not So Secret Life of the Manic Depressive: Ten Years On*, was a curate's egg that has attracted attention for the wrong reasons.

Stephen Fry's original Emmy award-winning documentary a decade ago was enlightening for many, and is credited with creating a positive public dialogue about bipolar disorder. Revisiting the same terrain should have been fruitful. The questions asked at the top of the programme were, 'Do we understand bipolar better?', 'Is treatment for bipolar better?' and 'Is it easier for young people to admit they have bipolar?'.

We were first reminded of Cordelia, who had featured 10 years ago and had been diagnosed at the age of 22. The question posed was 'Is early diagnosis beneficial?'. In short shrift the answer in this case was 'No'. Cordelia had apparently not improved at all since then. She was in a depressive state, living a very restricted life. However, we were given no sense of what treatment or clinical support she'd had in the intervening years. Worse, she'd been diagnosed two years ago with breast cancer. After a hospital scan, she flatly announced her terminal illness to camera, her stunned mother beside her. Yet it was unclear whether this was her diagnosis or her depressed state talking (although who might not be depressed in her position?). In either case, it felt voyeuristic and told us little about either the understanding of bipolar disorder or its treatment.

The programme became further confused when it featured Alika, a young man who had experienced online bullying. A stranger filmed a manic episode Alika had had on the tube: Alika was singing along, loudly, and not especially tunelessly, to the music in his headphones. The clip had gone viral, and inevitably, amongst the thousands of comments, were many vicious and offensive ones. But from what we were shown, these were about his singing, along the lines of 'who does he

think he is?'. Whilst Alika clearly felt the comments reflected on his manic state, objectively they didn't seem to be about his mental health. As an illustration of whether it is easier for young people to say they have bipolar disorder, therefore, it was either poorly chosen or badly explained. We did briefly see an interesting discussion between Alika and a group of teenagers about how young people perceive mental illness; the programme should have devoted more time to this.

Segments that featured Stephen Fry himself were not much better, with a tonal inconsistency that detracted from the subject matter. At one point Stephen discussed his recent state of mind with his psychiatrist, describing a schedule that involved a flight from London to LA (where he spent a day), then immediately back to London, then straight on to India. An animated graphic and jaunty music popped up to illustrate each leg of this ill-advised journey. What a lark! Except his psychiatrist was pointing out the need for reduced stress, regular sleep and exercise, and to avoid situations and behaviour that might act as triggers.

The programme did make some more coherent points, especially when showing a married man who worked as a chef. His ordinariness was refreshing, and his challenges seemed likely to be more relevant: How do I hold down a job? How does my condition affect my family? The programme also tried to finish on a positive note by featuring Rachel, a young woman who (despite becoming paralysed during a psychotic episode) seemed to be living well with a bipolar disorder diagnosis.

Overall, this was a frustrating watch on its own terms. It did not directly answer any of the three questions it posed itself, in particular, the crucial ones about understanding and treating bipolar disorder. This failure makes it less surprising that there has been significant criticism of the programme for talking a purely biomedical approach, which it seemed to do by default. Viewers were surely left none the wiser about the range of support and treatments that must be out there, why many resist being medicalised (as Stephen himself had in the original documentary) or why some manage their condition better than others.



The Not So Secret Life of the Manic Depressive: Ten Years On
BBC One

The Not So Secret Life of the Manic Depressive was first broadcast on BBC One on 15 February 2016

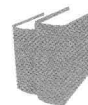
Reviewed by Kate Johnstone who is Associate Editor for 'Reviews'

For Richard Bentall's open letter to Fry, see <https://blogs.canterbury.ac.uk/discursive/all-in-the-brain/>

For an open letter to the BBC from Society President Elect Peter Kinderman, see

<http://peterkinderman.blogspot.co.uk/2016/02/open-letter-about-bbc-coverage-of.html>

Worth re-reading



Applied Leadership Development
Al Bolea
& Leanne Atwater

I spend a lot of my time coaching senior leaders within organisations and I am currently involved in designing a leadership development programme, so was eager to find out what I could learn from Bolea and Atwater's book on leadership development.

The short answer is quite a lot. This book is packed with a useful mix of theory, case study examples and practical advice. It is structured around a 'J-Curve' Leadership Model – nine elements that the authors consider leaders need to learn to be effective: both what leaders need to do, and how they need to lead.

I read the book thinking of client organisations that I have worked with and found the concepts easy to relate to. All the theories and models that I would expect to be included were (e.g. positive psychology, neuroscience, Brene Brown's research on vulnerability), but there were also some that were new to me. It is strongly evidence-based and thorough academically with extensive referencing.

The fact that it goes into practical areas such as strategy and performance management, as well as the qualities needed as a leader, means that I think that this book would appeal to quite a wide audience – leaders at all levels, and those supporting their development. There are even a few formulas, which I know would appeal to a lot of my clients (engineers!).

There aren't that many books that I feel that I want to go back and re-read – but this is one of them. Or if time doesn't allow, I will at least check through all my multiple underlinings and notes in the margins.

I Routledge; 2016; Pb £26.99

Reviewed by Emily Hutchinson who is Director, ejh consulting ltd

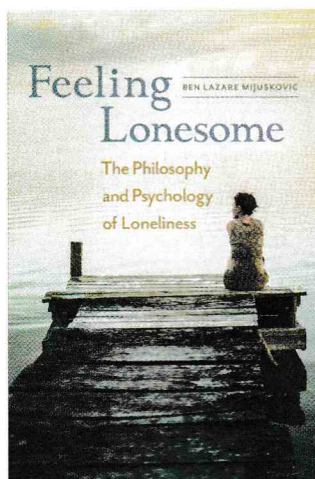
Incurable but not untreatable



Feeling Lonesome:
The Philosophy and
Psychology of
Loneliness
Ben Lazare
Mijuskovic

This book ardently rejects the materialist and behaviourist view of loneliness as merely produced by biological mechanisms of the brain or caused by external conditions, and therefore as temporary, avoidable and curable. This characterisation fails to provide for Mijuskovic an adequate theory of consciousness that he sees as vital to accounting for how our mental activities interact with our brain and physical body. Instead, he contends it is our self-aware and reflexive nature that is the active source of our unhappiness. Universally doomed to a world of our own making, our loneliness is innate, incurable and inherently unpleasant.

The philosophical discussion of self-consciousness is thus explored early on in the book and deals with the cognitive roots of loneliness. Equally engaging is the chapter presenting the psychological roots of how loneliness is 'birthed' through our three primary traumatic separations: birth itself, the realisation of a separate 'self', and the separation from the primary caregiver. Mijuskovic goes on to suggest that the opposing poles



of loneliness are intimacy and friendship. He champions insight treatments that focus on 'reviving and reliving the past' and the intrapsychic dynamics of intentionality that are essential to our ability to connect with others.

The themes of this book are exciting and will be of interest to most psychologists, even if some see its conception of loneliness as too broad and its depiction of the human condition as overly dreary. Clinicians of all persuasions will gain much insight from the therapeutic measures and strategies gathered in the final chapter that can alleviate and console us against the inescapable drag of our existence.

I Praeger; 2015; Hb £38.00
Reviewed by Alan Flynn who
is a counselling psychologist in
training, University of East
London



Cutting through conspiracy

The X-Files
Channel 5

Following my adolescence being spent enthralled by repeated watching of Arthur C. Clarke's *Mysterious World* in the 1980s, avidly reading classic M.R. James ghost stories, and being an excitable teenager watching *Ghostbusters*, I had turned an enthusiastic interest in the paranormal into an academic pursuit in the USA and begun an undergraduate psychology thesis exploring all manner of paranormal experiences and beliefs. As I was starting my final year at a US university in 1993, a television series began that mirrored both my boyhood paranormal fascination and my enduring scientific scepticism. *The X-Files* presented us with two FBI agents, Fox 'Spooky' Mulder and Dr Dana Scully. Mulder actively pursued relatively uncritical investigations of all manner of supernatural cases from alien abduction and UFOs to voodoo, vampires and the Bermuda Triangle. Dr Scully accompanied him, providing a rational perspective, a sceptical antidote which was pushed to its limit as they uncovered a government conspiracy to hide, and cooperate with, the existence of extraterrestrials on Earth (what fans called the 'mytharc'). Over the course of the TV series and two major films, *The X-Files* achieved a worldwide mass cult audience, concluding in 2002 after nine series.



Aside from taking great glee in earning the nickname 'Spooky' in the mid-1990s whilst conducting research in an investigative psychology unit, and later meeting and working with Jane Goldman the author of my dog-eared copy of the two-volume set, *X-Files Book of the Unexplained*, there has been little in the paranormal world to match the youthful excitement I felt when I first watched *The X-Files* over a decade ago. In March 2015, that excitement returned as the show's original creator, Chris Carter, confirmed that Fox (the US TV channel) would be airing a mini-series consisting of six episodes. The wait was excruciating but on 13 February the first episode was shown on Channel 5 in the UK.

As I sat down to watch it, I hoped it would continue the same opposing battles between the two main protagonists. The opening credits took me right back to 1993, placing Mulder and Scully in 2016 but throwing us back into the old X-Files 'mytharc'. The enigmatic protagonists still enthralled with their contrary investigative perspectives and resulting tense relationship (partly due to a history involving having a child together who turns out to be a telekinetic alien mutation: seriously). But my initial concerns for a series swamped with UFOs and alien abductions were partly realised, although an animated diatribe towards the end of the episode revealed that all alien abductions since Roswell were actually a smokescreen created to hide a conspiracy involving a 'multinational group of elites that will cold kill and subjugate' using recovered alien technology!

There was a crumb of comfort, though, at the end of an opening episode that would stretch the most Google-addicted conspiracy theorist. Dr Scully stood up and uttered a response to Mulder worthy of repeating in any social setting where you are confronted with your own version of Tim Minchin's 'Storm'. She cuts through all the post-9/11 internet-fuelled conspiracies by describing it as 'fear mongering claptrap techno isolationist paranoia'. On hearing this delightful sceptical retort, I smiled and knew that regardless of its initial weaknesses my *X-Files* addiction would be well served, at least for the remaining five episodes.

I Reviewed by Dr Ciarán O'Keeffe who is Academic Head of
Department at Buckinghamshire New University

just in

Sample titles just in:
Psychology of Fear, Crime, and the Media Derek Chadee
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Squandered opportunity

The Man Without a Shadow
Joyce Carol Oates

Joyce Carol Oates' new novel is a big ragbag of ideas, some widely explored, others gently hinted at, all them pertinent to psychologists, applied and experimental alike. These include the treatment of female scientists, the thought processes of the amnesiac patient, and the symbiotic relationship between researcher and subject. Her narrative focus too, is immediately of interest: a male patient with partial retrograde and total anterograde amnesia whose stoical, decades-long involvement in research forms the foundation of our understanding of memory function and organisation in the brain. Oates has changed many of the biographical details of his case, but there are no prizes for guessing who this book is based on.

Amnesia is a condition rich in opportunities for metaphor, and Oates takes full advantage as she charts the course of 'Patient EH's' life as a research subject. Early on she evokes her protagonist's dilemma as he converses with researchers: 'His is the eagerness of a drowning person, hoping to be rescued by someone, anyone, with no idea what rescue might be, or from what.' She returns frequently to the idea that Eli Hoopes lives in 'an indefinable present-tense' (an echo of Suzanne Corkin's account of her work with HM, *Permanent Present Tense*), and the man himself reflects 'without a memory is like being without a shadow'. Sometimes Oates writes dangerously close to cliché: I didn't feel that the image of Eli as 'a brave man who stands alone, as on a brink of the abyss' helped my understanding of him very much. Elsewhere she grasps at an almost poetic style that gives the novel a dream-like quality, as when

the researcher Margot suggests that her precarious status in Eli's mind makes her 'like a moon in a lunar eclipse'.

Oates is at her best when she writes about the courteous, charismatic Eli, and the few sections written in his voice are startling in their empathy (much like Emma Healey's exploration of dementia in the novel *Elizabeth is Missing*). His hypersensitivity to others' reactions allows him to safely navigate conversations and interactions: 'it is imperative, he knows, not to acknowledge any surprise or confusion'. Anxiety is ever-present for Eli, the simplest questions trigger panic and he must face the daily puzzle of the lab: 'Always there are smiling strangers, happy to see him.' In moments he tumbles into paranoia: how does Margot know about his sketchbook 'unless she has been spying' on him? Oates's imaginative evocation of the amnesiac patient's inner life is speculative, but it is warm and poignant, especially when she recounts Eli's sense that he must be gracious and diplomatic to the now ageing stranger, Margot, who has spent 30 years with him.

Unfortunately, Margot is the weak point in this book. Initially I found her characterisation rather heartening. Introduced as a 24-year-old grad student assigned to a major neurological project, she ponders: '...will my life begin at last? My true life.' and debates the fact that 'catastrophe in one life... precipitates hope and anticipation in others'. This, it seemed, was a real portrait of a scientist as a human being. It quickly becomes clear, however, that Margot is, ethically, not much of a scientist and, with her total immersion in her subject, her eccentricities of hairstyle and clothing and failure to form meaningful relationships, she is still a bit of a cliché.

Focused entirely on Eli and her work, Margot develops a 'passionate, doomed and deranged love' that leads her seriously astray by the book's end. All the while she wonders whether her behaviour qualifies as scientific misconduct, generally managing to dismiss this as unnecessary worrying.

The novel poses interesting questions: What if a research scientist falls in love with her patient? What if the link between your career and your emotional life is just too close? But Oates doesn't give a satisfactory answer, fashioning instead a modern gothic tale about delusion and loneliness. She adds a persistent memory of childhood trauma to Eli's suffering, but never quite resolves the mystery. In a similar vein she makes Margot an anorexic with alcohol dependency, without exploring the impact of either condition. It struck me that this book was a fascinating opportunity, badly squandered.

Oates has researched her novel thoroughly, with many references to findings on HM (such as the distinction between declarative and procedural memory). I even wondered if the initialled name EH was a sly reference to founding father of memory research, Hermann Ebbinghaus. And it has been broadly well received in the mainstream press. But I found it impossible to suspend the disbelief that Oates's surreal depiction of Margot's *amour fou* requires. Instead I found myself yelping in alarm every time the irksome Margot broke another ethical code. For all its empathy with the amnesiac patient, this is a novel I would rather forget.

Fourth Estate, 2016, Pb £12.99

Reviewed by Sarah A. Smith who is a Graduate Member of the British Psychological Society.

Practical exercises – photocopyable(ish)



The Therapist's Notebook for Families: Solution-Oriented Exercises for Working with Parents, Children, and Adolescents (2nd edn)
Bob Bertolino

Here we have, just as described, a no-nonsense series of solution-oriented exercises for working with families. It is suited for the practising clinician with knowledge of the approach as there is neither provision of theoretical background nor exploration of skills needed to incorporate it in therapeutic practice.

Each of the practical exercises comes with a clear succinct explanation, with the majority taking the form of a handout with questions for family members to complete and reflect on. And with 72 exercises there is plenty to draw from.

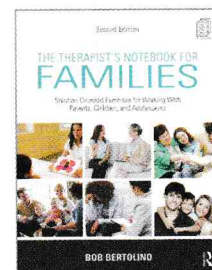
For a second edition of a photocopyable book (a selling point emblazoned on the cover), I was frustrated with the layout, which, like the face of a celebrity with one too many plastic surgery

procedures, does not fit together as well as it could. Exercise forms cross pages, have limited space for writing, and include the rationale for the therapist. I could not help but think Arggh! maybe the typesetter would benefit from some solution-oriented practice.

Minor gripe aside, a great resource for the practising clinician and one I will continue using – but probably not photocopying!

Routledge; 2016; £29.99

Reviewed by Matthew Selman who is with Northumberland, Tyne and Wear NHS Foundation Trust





Of blackbirds and woodpeckers

Changing Minds
Southbank Centre, London

Sam Chaplin, famed director of *The Choir With No Name*, has a passion for using the power of music and song as pathways to recovery for people with a history of mental health issues. For the last three years, he has worked with London hostels, recruiting people with homelessness to form vibrant, eclectic choirs. In the spacious setting of the Clore Ballroom at London's Southbank Centre, and using only a grand piano and pianist (to keep us in tune), a makeshift stage and song sheets, Sam's 'States of Singing' set out to transform the large audience that had gathered into a mass choir complete with sopranos, altos and tenors.

The 'choir' transitioned from Thomas Ravenscroft's 'Ah, Poor Bird, Take Thy Flight', a mournful ode in a minor key to a tuneful 'mash-up' of Lennon and McCartney's 'Blackbird' complete with sustained notation, canon and a developing appreciation for musical syntax. But none of this could have been achieved without a physical and vocal workout beforehand to flex both muscle and larynx in a coordinated fashion in preparation for an extended rehearsal. We were also asked to take stock of our mood before and after the 'intervention'.

For the more musically aware, there was always going to be some discomfort at seeing lyrics on paper with no notation in sight and plenty of 'doo-doo-doo's'. Instead, we were encouraged to be fully present in the moment and activity, setting aside our preconceptions and expectations. By the end of the session, we were calling for our own encore with rapturous applause following a harmonious rendition of 'I Can See Clearly Now', a song popularised by Johnny Nash in the 1970s.

Singing induces a state of freedom; and group singing, corporate freedom. Sam's core

message to his audience is that each of us is a unique musical instrument comprising a power source (lungs), sound source (vocal chords) and resonating cavity (one's whole being).

By the end of the session and judging by the sounds of laughter, smiling faces and conversations bouncing between friends and strangers alike, we had all experienced this 'state of freedom'. I can't claim to be able to sing as well as Johnny Nash, but I can see clearly now that there are benefits to mood and wellbeing from these kinds of musical interventions.

Later that day, I was at the Royal Festival Hall to find out what woodpeckers have in common with Mozart's Symphony No. 40 in G minor. According to a collaboration between Ed Cooke and Nicholas Collon, Principal Conductor for the dynamic Aurora Orchestra – everything. And, as the audience took their seats on the platform centre-stage with the orchestra, we were about to find out.

Ed Cooke, Grand Master of Memory, put the audience through a rigorous experience of music memorisation using chunking, imagery, mnemonics and a version of Craik and Lockhart's method of loci. Musicians memorise huge amounts of notation but, on performance, are usually aided by sheet music on stands. But, for this performance, 33 musicians had to learn and perform Mozart's entire 40th Symphony from memory (see also their performance at the BBC Proms). This time, thanks to Ed's imaginative techniques, the audience was fully engaged using a combination of memorised key phrases to follow an imagery-laden score during the full performance.

Ed, who is the co-founder of Memrise (a language learning platform) trained himself in memory recall almost as a competitive sport, learning 2300



binary numbers. He drew the analogy between learning a musical score and binary numbers, demonstrating to the audience his ability to recall – forwards and backwards – a long series of numbers and letters generated at random by a young member of the audience. Chunking is essential to this process: make things 'bite-sized', assign imagery and create a backstory for those chunks.

The process was ably demonstrated when Ed got the audience to learn a word list using association. It was amazing to hear the audience-constructed story that followed using a series of connections that included such disparate items as a purse, pizza, a dog, a wolf, a fisherman and Arsène Wenger. He followed with examples of musical connections: for example, a purse = Purcell, a dog = Bach, a fisherman... wait for it... Beethoven, with the emphasis on 'bait'. We were now armed with creative tools for memorisation. The opportunity soon came to try out this technique by combining our knowledge of key phrases in the symphony with imagery, showing the power of the human mind for making association through visual representations, structure, spatiality and rhythm.

Nicholas broke down sonata form in Mozart's symphony, which also applies to a huge range of classical music and is key to understanding the

structural architecture for organising music: (1) exposition – introducing the protagonists (woodpeckers); (2) development; (3) recapitulation, and (4) coda. Mozart, it appears, used a similar methodology to thriller writers, focusing on the central character (the woodpecker, played by violins and violas) who spirals out of control, leading to an aggressive exchange (sword-fighting woodpeckers, played by bassists and cellos) with lots of contrasting layers in-between (romantic woodpeckers, played by flutes and clarinets). Subtle merging of these sections leads to extended transitions and eventually, the coda (concluding passage). To execute this form, the musician uses 'muscle' memory that comes from being so well practised that performance almost seems to bypass memory.

Briefly, the orchestra left the stage, regrouped and re-entered to perform the whole symphony while standing and without a piece of sheet music in sight, ably conducted by Nicholas. For the encore, the musicians dispersed among the audience, playing a section of the symphony from various parts of the tiered platform. The thrill of experiencing one of the oboists playing right next to me was, indeed, pure theatre.

The aim of the performance was to demonstrate to the audience how to appreciate symphonic music in richer detail, and in more memorable ways. But there was an added bonus: we left, I am sure, with a much greater appreciation for the power of a woodpecker!

I Both events were part of *Changing Minds: A Weekend Festival about Mental Health and the Arts*, with talks, debates, music, performances and free events

Reviewed by Deborah Husbands who is a Lecturer at the University of Westminster



Deep love and impact

My Baby, Psychosis and Me
BBC One

This programme followed two women admitted to Winchester Mother and Baby Unit with a diagnosis of postpartum psychosis (PP). Hannah, a nurse, was admitted on a section with her baby Esther 12 weeks after she was born. Hannah was experiencing suicidal thoughts and delusions that she was God. Jenny, an artist, was admitted with six-week-old baby Libby. She had a previous diagnosis of bipolar disorder and had carefully planned her psychiatric treatment in case of a relapse. She came in voluntarily. She has a son Reuben (now two years old) and became unwell after his birth, but this was managed by an increase in medication and community psychiatric care. Jenny was experiencing mania, with racing thoughts and difficulty sleeping.

Both women had pre-existing bipolar disorder. Although it is still not clear what causes PP, this programme reflects the prevailing view that in many cases it is related to bipolar disorder, which begins with, or is triggered into a serious episode by, the rapid drop in hormones following the birth of the baby. The chances of women experiencing PP if they have bipolar disorder or a previous postpartum psychosis is high: one in every two women. The risk is elevated if there is a close female relative such as mother or sister with bipolar disorder or PP, suggesting a genetic link.

The care from the perinatal mental health team reflected the level of skill, training and experience needed to care for a seriously ill woman alongside her baby. What wasn't shown was that there would also have been a number of other ill women and their babies all requiring the same level of care and compassion evident in the programme. The programme highlighted the

fact that 80 per cent of women across the country do not have access to such care.

Both women experienced serious deteriorations in their illness after initial improvements. This was devastating to watch; witnessing the dashing of hope, the fear in their families, and the puzzlement of Dr Alain Gregoire, Lead Consultant Psychiatrist. Jenny eventually had to be admitted to a high-secure intensive care unit 100 miles away without her baby. Hannah began experiencing 'dark thoughts', which led her to cut her neck and wrist.

As Dr Gregoire said, it is utterly 'gruesome' to watch people experiencing such levels of suffering. Hannah was eventually given a course of ECT. Both women recovered following these intensive treatments; however, it is unusual for women with postpartum psychosis to experience such severe relapses, and most are well into recovery after about six weeks.

What shone through in the programme was that despite the severity of their illness, both women maintained a strong focus on their baby. Their deep love and connection to their baby was evident. Their care was tender and sensitive, no matter what was going on in their mind at that moment. This was demonstrated in the video clip taken of Jenny interacting with Libby, powerfully countering her own pessimistic prediction of her mothering. This highlighted how crucial it is to keep mother and baby together unless, as in Jenny's case, it becomes temporarily impossible to do.

Jenny's move to the secure unit without



her baby brought a real focus on another dimension of this illness; the impact on the family. Both women had very loving and supportive partners. Their desperation in watching the women they love become so ill was palpable. Although each woman could

be admitted with her baby, it left her partner without the new child, a toddler without his mother and baby sister, and partners without their 'rock' and 'soul-mates'.

The programme ended at the point when both women recovered sufficiently to be discharged. It could not show, therefore, the sometimes long and difficult journey of recovery.

Women often feel exhausted, lose self-confidence in parenting, and describe a sense of being 'shell-shocked'. They are sometimes embarrassed and ashamed about behaviour and thoughts experienced during the manic phase that are so out of character for them. Many will still require the support of their partner and family when they may worry they have 'had enough'. As the woman recovers her partner may 'crash'. This is where a community team steps in to provide the support needed to keep recovery robust. Sadly, many women will not have access to such support.

I My Baby, Psychosis and Me was first shown on BBC One on 16 February 2016

Reviewed by Michelle Cree who is Consultant Clinical Psychologist at the Beeches Perinatal Mental Health Team, Derby, and author of *The Compassionate Mind Approach to Postnatal Depression: Using Compassion Focused Therapy to Enhance Mood, Confidence and Bonding*



Introducing embodied cognition

How the Body Knows Its Mind: The Surprising Power of the Physical Environment to Influence How You Think and Feel
Sian Beilock

What is the relationship between mind and body? This book tackles the age old philosophical debate by taking the road less travelled, from body to brain. How does the way we move and use our bodies influence the way we think? From laughter yoga and action therapy, to math dance and power poses, this book explores the connection in a way that is informative and accessible.

How the Body Knows Its Mind professes to contain advice to help individuals become 'happier, safer and more successful'. This is a debateable statement; however, any advice is grounded in scientific evidence: classic psychology studies such as Milgram and Harlow are presented alongside more recent groundbreaking research in embodied cognition. The book reads as a collection of

evidence supporting a key argument – body influences mind.

Beilock is an engaging and passionate author who attempts to introduce the exciting field of embodied cognition to a more mainstream audience. The book provides a good layperson's account of scientific research but despite there being some interesting examples of research in embodied cognition,

it doesn't reveal any new information and Beilock can be repetitive in terms of delivering her key message. It is, however, a very readable book, which presents scientific research in a non-challenging way.

I Robinson; 2015; Pb £12.99

Reviewed by Charlotte Jewell who is an Assistant Psychologist at Community Lives Consortium, Swansea

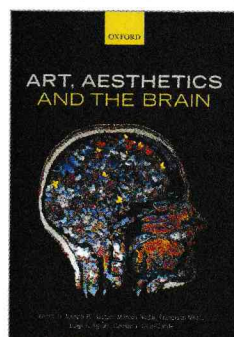
An important contribution



Art, Aesthetics, and the Brain
Joseph P. Huston, Marcos Nadal, Francisco Mora,
Luigi F. Agnati & Camilo José Cela-Conde (Eds.)

The psychology of art has been at the margins of the discipline even though aesthetics was a specialism of Fechner, a founding father of the empirical approach to the study of the mind. You might find this surprising given the huge audiences for visual art, music and dance – the three art forms that are the focus of this volume – with their long history, their presence across cultures, their interest to other scholarly disciplines. Following Fechner, a behaviourist approach that sought correlations between artistic ‘stimuli’ and audience ‘responses’ held sway for many years; but as experimental psychology took cognitive and neuroscientific turns, these paradigms have embraced aesthetic phenomena so that we now see the emerging fields of neuroculture, neuroaesthetics and the neuropsychology and cognitive neuroscience of art. These developments were encouraged by seminal studies that identified activation in specific brain areas during aesthetic appreciation and production tasks. The volume edited by Huston and his colleagues effectively serves as a handbook for a substantial body of this theory and research and in doing so represents an important contribution to these fields.

It is a large, appropriately well-designed and illustrated volume of 545 pages, comprising 25 chapters presenting original contributions by international researchers from a range of disciplines including art history, biology, cognitive science, computer science, electronic engineering, neuroscience, psychiatry and psychology. It provides a valuable resource for specialists in the



psychology of visual art, music and dance, for teachers and students in other disciplines who take an interest in these art forms (although it would be challenging for readers who lack technical knowledge of brain research and its terminology and will send many who have some knowledge back

to our textbooks) and for cognitive scientists interested in applications of their field. I don't imagine it being widely used as a course textbook since there are, to my knowledge, regrettably few courses on the psychology of art. Yet the book outlines fascinating research that deserves to be better known, including, to take only a few examples, the effects of brain injury upon artists' work; dementia and creativity; neuroimaging studies of creativity; eye movements in the perception of paintings; hemispheric specialisation; individual differences in preferences for music genres; the co-evolution of art and brain.

Perhaps books of this quality this will influence university courses in cognitive science and neuroscience to extend their sights to include the study of products of the human mind that have such cultural significance.

Oxford University Press; 2015; Hb £95.00

Reviewed by Raymond Crozier who is Honorary Professor, School of Social Sciences, Cardiff University

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In academia, book reviews can be an intellectually stimulating platform for discussion and debate. In the pages of *The Psychologist*, some of our most talked about moments have been book reviews – Simon Baron-Cohen on Cordelia Fine's *Delusions of Gender*, or Phil Banyard on Zimbardo. But too often, book reviews feel like a token effort... quite simply, we struggle to get the right people to review the right books on a regular basis.

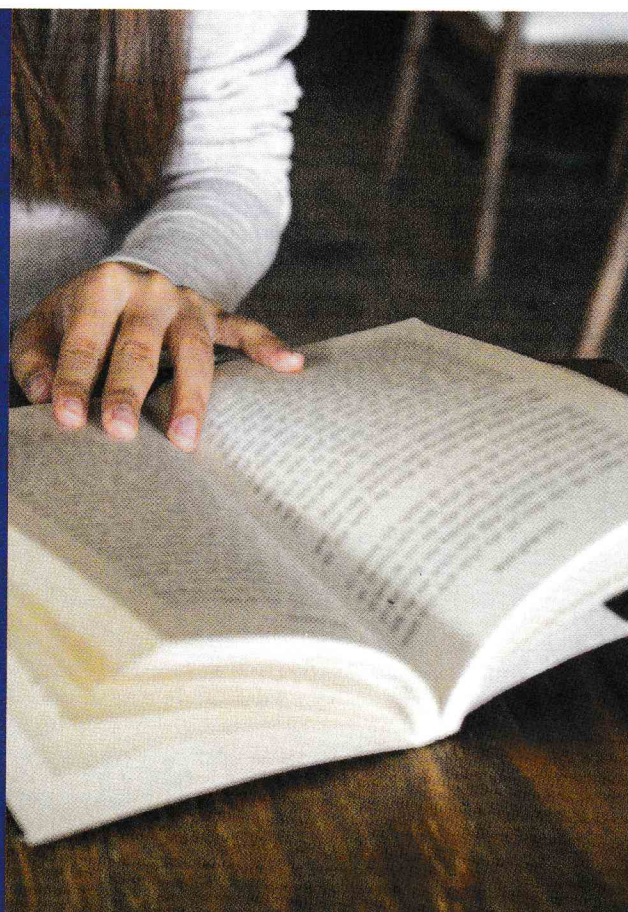
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Opium and the people

Joanna Moncrieff examines the socio-economic history of psychoactive drug use

Marx referred to religion as the 'opium of the people', something that promised 'illusory happiness' by disguising the realities of the real world (Marx, 1843/1970). The analogy refers to the ability of opium to remove the cares of troubled and desperate people, but it also plays on the ability of mind-altering drugs like opium to produce an other-worldly experience. Just as drugs take people out of the here and now and into another realm, so religion can supply a supra-human meaning to everyday life and the promise of a different sort of existence.

Psychoactive drugs (drugs that act on the brain to produce an altered mental state) have been a part of life in most societies and communities throughout history. They have been used for pleasure, to dull physical and emotional pain, to increase concentration and endurance and to induce states of religious ecstasy (DeGrandpre, 2006). Up until the late 19th century, there were no restrictions on the sale and availability of any sort of substance (except for price) and you could buy opium and cocaine-containing preparations from the corner shop, along with your groceries.

In a world where medical fees were beyond the means of most ordinary people, long before the formation of the NHS and other socialised forms of health care, people treated themselves as far as they could, using the drugs that were available to them. Medicinal and 'recreational' uses of psychoactive substances were not clearly differentiated.

The intoxication produced by alcohol, for example, was used for its anaesthetic effects, as well as for pleasure. Opiates (opium, morphine and heroin), which effectively deaden physical pain and emotional anguish, were widely used to dull the physical and emotional strains of the labouring classes during the industrial revolution. Many substances were sold as 'tonics', which were advertised as promoting both physical health and mental wellbeing.

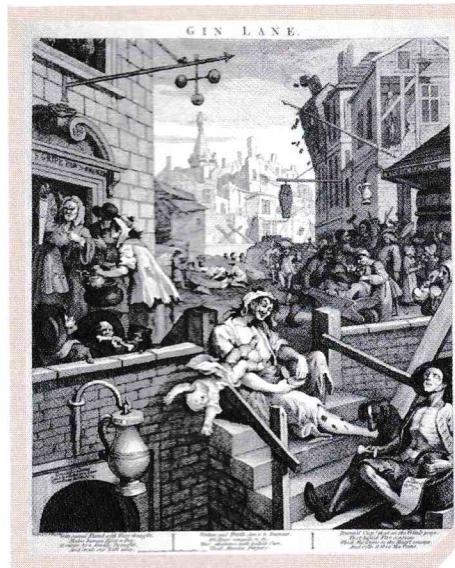
Similarly, in more recent times, benzodiazepines like Valium and Librium were widely marketed for their ability to

reduce anxiety by producing a pleasant state of relaxation, but where anxiety reduction stops and euphoria begins is difficult to pinpoint.

My argument here is that the use of psychoactive substances only came to be viewed as a social problem under particular social and economic conditions. In the medieval world, the peasants could get as drunk as they liked, and no one suffered much but themselves. When wage labour and factory labour became the norm, it suddenly mattered if labourers were drunk, or stoned, and less productive than they might be. Life in emerging industrial Britain was also more than conducive to heavy drinking and drug use. Dislocated from home and family, working 12 hours or more a day for seven days a week, alcohol and drugs provided the worker with a quick and easily accessible escape, maybe the only one they could hope for.

The controls that were placed on the use of mind-altering substances from the beginning of the 20th century could not stamp it out, however. Prohibition of alcohol in the United States was a resounding failure, and although the availability of opium was restricted, the pharmaceutical industry started to produce a new array of mind-altering chemicals. As options for self-prescribing became more limited, the use of mind-altering drugs came increasingly under the control of medical practitioners. Women in particular, less inclined to drown their sorrows in drink than men, increasingly went to their doctor to ask for a chemical salve for difficult and unfulfilling lives. The problems for which these drugs were used were transformed into medical problems. As this occurred the nature of the drugs and their mind-altering properties became obscure, and the reasons why people were using them were concealed beneath a medical mythology.

It is only by exploring the social



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and economic conditions in which our current attitudes to mind-altering drugs were formed, therefore, that we can understand the real nature of these substances. Only then can we start to make rational decisions about how they might be used.

The problematisation of drug use

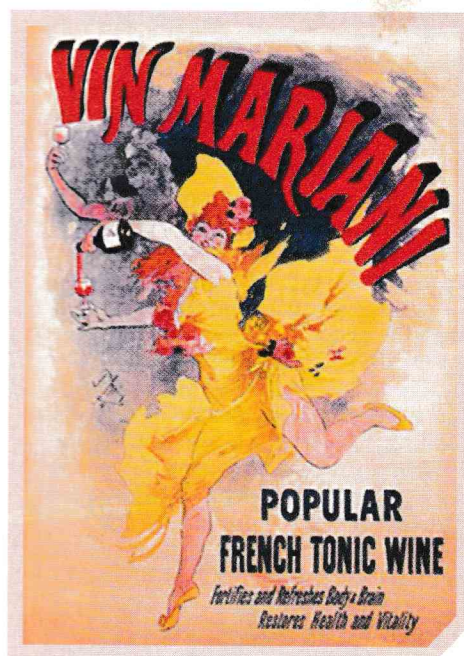
In medieval and Tudor England, heavy drinking was an accepted part of rural life. Weak beer was consumed instead of water by all the family on a daily basis, but festivals and holidays, of which there were many, were occasions for drinking to inebriation. Drunkenness was not regarded as problematic in pre-industrial society, and the country people were left to enjoy their intoxicating habits.

It was only in the 18th century, when the increasing urban population took to drinking gin in large quantities, that widespread concern about alcohol use emerged. Hogarth's famous engraving, *Gin Lane*, indicates the moral outrage that had started to form around the drinking habits of the poor.

Freed from the customs and obligations of rural life and displaced into the exploitative environment of early capitalist cities, the nascent working class turned to the instant oblivion provided by the newly imported, super-strength liquor, gin. Gin was blamed for rocketing rates of crime, prostitution and debt, and the upper classes lived in fear of a breakdown of law and order, as well as bemoaning the decline in the nation's productivity. The Gin Acts of the 18th century were the first legislative attempts to control the people's use of mind-altering chemicals (Gately, 2008).

A similar story played out with opium, which was widely used by all classes during the 19th century. The medicinal and recreational qualities of opiate drugs are particularly difficult to disentangle, and addiction to opium was

likely to have been common among working people who used it either to alleviate the pain of physical ailments, to relieve emotional strain or for enjoyment. Although the construction of the 'opium



problem' had many drivers – including the professional aspirations of pharmacists and doctors, and pressure from the United States over the opium trade with China – concerns about non-medicinal use leading to the dissipation of the working class fuelled public health campaigns against opium use, and led to the beginnings of the legal regulation of its availability in the 1868 Pharmacy Act (Berridge, 1977).

Cocaine in various preparations was also widely available and vigorously promoted in the 19th century. Vin Mariani, a popular patent medicine developed in 1863, was one of a number of cocaine-containing preparations on the market in Europe and the United States. It was made from a mixture of Bordeaux wine and coca leaves, the ethanol in the

wine extracting the cocaine from the coca leaves. It was endorsed by Pope Leo XIII, who awarded it a Vatican gold medal and appeared on advertisements that claimed the drink restored 'health, energy, strength and vitality'.

The performance enhancing properties of the drug were also widely recognised, and used to promote another cocaine-containing preparation, Coca-Cola. The drug started to be demonised when it became associated with use by black people in the US and ordinary British soldiers during the First World War (Berridge, 1977; Cockburn & St Claire, 1998).

The trend for regulating people's use of mind-altering substances culminated in national prohibition of the liquor trade in the United States, which came into effect in 1920 and lasted 13 years. Prohibition is widely acknowledged as a piece of class legislation. It was the result of a concerted campaign by the Anti-Saloon League, and its aims were never to abolish the consumption of alcohol entirely, but to shut down the saloon, where working people went to drink. Possession and consumption of alcohol were not prohibited, only its commercial trade, and those with the foresight and the resources were free to drink alcohol they had stored before prohibition came into force. When the Great Depression hit, and the masses needed pacifying, prohibition was finally repealed (Burnham, 1968).

The modern 'drug problem'

The modern recreational drug scene that started in the 1960s was preceded by an epidemic of prescription drug use involving barbiturates, amphetamines and later the benzodiazepines. The emergent and increasingly successful pharmaceutical industry played an important role in establishing the widespread use of these synthetic 'psychopharmaceuticals'.

Barbiturate drugs first became available in 1903, and although they revolutionised anaesthesia and the

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treatment of epilepsy, they were most widely prescribed for anxiety and insomnia. Amphetamines, available as tablets from 1937, were prescribed for the treatment of mild depression or 'neurosis'. They were issued to pilots during the Second World War, and soon started to be used as diet pills (Rasmussen, 2006).

In the mid-20th century use of prescription uppers (amphetamines) and downers (barbiturates and later benzodiazepines) was rife, and far more common than the use of any illicit substance. In 1955 the quantity of barbiturates being used in the USA was sufficient for the treatment of 10 million people on a continuous basis for a whole year, representing 6 per cent of the population of the time, or 8.6 per cent of the adult population (Glatt, 1962).

In the UK a survey conducted in 1960 found that the quantities of amphetamines being prescribed were enough to supply 1 per cent of the whole population with twice daily doses on a long-term basis;

and 85 per cent of prescriptions were issued to women, mostly those between the ages of 36 and 45. Given that 1 per cent is an average figure including children, rates of use among middle-aged women must have been around 5 per cent or even higher. A third of prescriptions were issued for weight loss, a third for depression or anxiety, and a third for a medley of vague conditions, including tiredness, pain and psychosomatic complaints (Kiloh & Branden, 1962). In the US, by 1971, 5 per cent of the total population were being prescribed amphetamines (Rasmussen, 2008).

Many of these pills were sold on for profit, and the majority of illicitly consumed substances during the 1960s and 1970s were of pharmaceutical origin. In the early 1970s, 80–90 per cent of the stimulants sold on the street in the US were products of pharmaceutical firms (Graham, 1972).

The massive advertising campaigns that promoted these drugs played on the

psychological insecurities of the age, and were mostly targeted at women. Advertisements for amphetamines paraded images of the competent and stylish state that women should aspire to, and others persuaded doctors that unmarried women, or men dominated by women, were good candidates for Valium.

In 1970 US senator Thomas Dodd complained that it was the pharmaceutical industry's 'multihundred million dollar advertising budgets, frequently the most costly ingredient in the price of a pill, have pill by pill, led, coaxed and seduced post world war 2 generations into the "freaked out" drug culture plaguing the nation' (Graham, 1972).

The political reaction

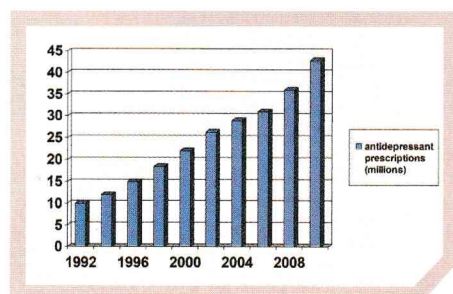
As drug use became increasingly associated with pleasure and expanding consciousness, rather than relieving distress, it became a symbol of rebellion. By the late 1960s illicit drug use was strongly associated with the counter-culture – the hippy movement, the anti-Vietnam war protests, the 1968 student uprisings, etc. Drug use was part of the revolution against conservative mores and against the regimented system of capitalist production and its associated war machine. In reaction, the degrading effects of drug use became a focus for social concern, whipped up by the media, which conveniently diverted attention from the political and economic problems of the 1970s.

In the early 1970s legislation was passed in the US and UK that attempted to put the genie back in the bottle. Amphetamines, along with other drugs like LSD and cannabis, became prohibited substances. Legitimate medical uses of amphetamines were restricted to narcolepsy and ADHD, and production quotas were applied. Prescription and diversion plummeted, but people turned to illicitly manufactured substances or imported drugs like heroin and cocaine (Rasmussen, 2008). Meanwhile prescriptions for benzodiazepines continued to rise (Lader, 1991).

The professional reaction

The emerging drug scene presented a challenge to psychiatrists, whose drugs consisted entirely of psychoactive substances. To preserve the specialist aura of prescribing, and to avoid being seen as drug peddlers, the profession needed to present its practice as commensurate with the increasingly sophisticated use of drugs in other parts of medicine. It is





Antidepressant prescriptions 1992 to 2010
(data from Prescription Cost Analysis)

no coincidence that the 'disease-centred' model of drug action in psychiatry emerged alongside the illicit drug scene (Moncrieff, 2008b; see also <http://joannamoncrieff.com/2013/11/21/models-of-drug-action>). By presenting psychiatric drugs as targeting underlying abnormalities, the disease-centred model helped to repackage the use of psychoactive substances as a bona fide medical treatment quite distinct from the use of drugs in other contexts.

It was particularly important to distinguish newly introduced psychiatric drugs from amphetamines, since the ubiquitous use of the latter was causing increasing concern. Some of the first drugs proposed to be 'antidepressants' in the late 1950s were in fact stimulant-type drugs (used in the treatment of tuberculosis), but their stimulant effects were downplayed (Moncrieff, 2008a). Discussants at a conference held in 1962 were keen to stress how the new 'antidepressants' were 'much more specific' than stimulants (Goldman, 1966). The concept of an 'antidepressant' helped the process by defining the new drugs by their proposed effects on the presumed biological mechanism of depression, rather than their pharmacological properties (even though there was no evidence that they had such specific effects: see tinyurl.com/gqzl9bg).

The disease-centred model was undermined, however, by the continued prolific use of benzodiazepines. By the 1980s it was clear that however much they might be trumpeted as a specific treatment for anxiety, they were being used for their tranquillising properties, prescribed to many people, especially women, in order to numb the difficulties of daily life. The scandal over dependence and over-prescribing that erupted in the late 1980s forced the pharmaceutical industry to commit itself wholeheartedly to the disease-centred model for marketing its new drugs. The 1990s blockbuster 'antidepressants' such as Prozac and Paxil were advertised not for their tranquillising qualities (which in

any case they do not possess), but for their ability to reverse an underlying chemical imbalance. In this situation it became as important to market the disease as the drug, and companies funded 'disease awareness' campaigns to encourage people to think of themselves as 'depressed' (Breggin & Breggin, 1995). Bipolar disorder has been promoted more recently using the same language and techniques (Healy, 2006).

Medical nirvana

There is no categorical distinction between drugs that are prescribed by doctors for mental health problems and those that are used for 'recreational' purposes. All these drugs act on the brain to induce an altered state of mind, in some cases pleasurable, in some cases not. Indeed, the term recreational is misleading, since much illicit drug use is concerned not simply with getting 'high,' but with reducing anxiety and suppressing the memory of traumatic events, or the reality of current circumstances (Moncrieff et al., 2013).

Controlling people's use of mind-altering substances has been a major concern of capitalist societies, in order to ensure the safety and productiveness of the labour force, and the law and order of the industrial urban environment. As the possibilities for self-initiated drug use have been curtailed by legislation, however, the use of mind-altering substances has been increasingly medicalised.

The pharmaceutical industry knows that what constitutes a medical indication for psychoactive drug use is infinitely malleable, and that this malleability can be used to capitalise on the ancient human desire to alter one's mental state. Large swathes of the population can be persuaded to view themselves as needing drug treatment for anxiety, depression, bipolar, or whatever is the flavour of the decade (Healy, 2004). Just as governments of the mid-20th century tolerated the widespread use of barbiturates and amphetamines, governments of the 21st century have shown no concern about the rapidly rising use of antidepressants, antipsychotics and medically prescribed stimulants. Although packaged as sophisticated disease-targeting interventions, they fulfil the same role that the widespread use of opium and cocaine-containing 'tinctures' did in the 19th century. They provide the promise of a quick fix, and a mind-altering

experience that temporarily removes the user from unwelcome thoughts and circumstances.

Drugs that produce pleasurable mind-altering effects remain problematic for the medical account of prescription drug use, however. Although the dangers of dependence and withdrawal effects is undoubtedly influential in the campaign to reduce the prescribing of benzodiazepines, their euphoric effects make recreational and medicinal use hard to distinguish, and place them in an ambiguous relation to medical practice. On the other hand, antidepressants are generally unpleasant to take, if anything. Therefore, general practitioners in the UK are now penalised for prescribing benzodiazepines on a long-term basis. Despite the advent of new, similar drugs like the Z-drugs and pregabalin, all of which were claimed, erroneously, on introduction to lack dependence-inducing properties, numbers of prescriptions have flat-lined (Ilyas & Moncrieff, 2012). In contrast, antidepressant prescriptions continue to rise year on year, with little official concern (Ilyas & Moncrieff, 2012).

Irrational and dishonest

As this brief historical survey suggests, modern society is deeply irrational and dishonest when it comes to drugs. At present we are stoking the desire for mind-altering effects with medically authorised substances, some of which may be just as harmful, or worse than their illicit counterparts. We may also be missing opportunities to explore the therapeutic effects of some illicit substances, like the potential of opiates to suppress psychosis as noted anecdotally by people in the field of addictions.

The regulation of psychoactive substance use is not necessarily wrong in itself, and every society will wish to preserve order and prevent the ravages that excessive drug or alcohol use can entail. We should remember that among those at the forefront of the campaign for the prohibition of alcohol in the US were women, sick and tired of the abuse they suffered at the hands of drunken husbands (Gately, 2008). The irrationality of current drug policy, however, acts as an impediment to the development of informed and responsible attitudes towards the benefits and dangers of psychoactive substances.

Joanna Moncrieff is Senior Clinical Lecturer in the Division of Psychiatry at University College London
j.moncrieff@ucl.ac.uk

"it became as important to market the disease as the drug"

... with Andrew Dunn

'Be patient, keep an open mind'

One moment that changed the course of your career

Going to night school aged 20 (I was working full time) and stumbling on GCSE Psychology (I got an A – my only A in anything). The following year I started A-levels and more GCSEs (all at night school). Another year later I applied to York (last space on my UCAS form actually). I sat an entrance for York because I didn't have the grades. I passed – still wondering how – and I was in. It was 1996, I was 22, it was the height of Britpop, the light of New Labour was shining and the world was full of possibilities. Without the University of York I would never have made the many great friends I have, or found my wonderful wife (Catherine) and made our wonderful family.

One love

Love is biochemistry and circumstance (Tim Minchin has a song about that). As a

scientist, I am sold on the biochemical basis of love, but for me there's so much more to human experience, even if it's not directly causal. If you can't feel what Otis Redding is emoting on 'These Arms of Mine' then you have never truly felt romantic love. Let's not kill the arts and humanities off just yet.

One regret

I should have been braver in the past, but I only know that in hindsight.

One thing you'd like to see happen

I'd like to see psychologists working towards a unified psychological science that integrates social and environmental variables with biological and cognitive reality. A properly informed data-led understanding of developmental processes across the lifespan should be at the heart of this. A good approximation of my own viewpoint can be found in Dunbar, Barrett and Lycett (2007) *Evolutionary Psychology: A Beginner's Guide*. I'd also highly recommend Swami's (2011) *Evolutionary Psychology: A Critical Introduction* because it cuts through a lot of the nonsense spouted about evolution. Both

texts are mindful of following data, of blending various approaches and avoiding theoretical dogma. They're also very readable.

One nugget of advice for aspiring academic psychologists

Success is relative, and careers are something you have in hindsight. Be patient, keep an open mind and enjoy the journey. There's more to being an academic than academic publishing and grant capture (though they are important). The best academics (many of whom are highly cited) were/are also great teachers and communicators.

One cultural recommendation

Book: Orwell's *Nineteen Eighty-Four*. It changed everything for me. Also read Zamyatin's *We*, and comic *Britten and Brulightly* by Hannah Berry. It's beautifully inked and cleverly written. Film: *Rocky* (1976). It's not about winning, it's about going the distance, taking opportunities when they come and seeing things through. Album: Pulp's *A Different Class* – Clever, funny, poignant. Song: Almost impossible. Either, Sam Cooke's 'Bring It on Home to Me' (it's sublime), or James' 'Sit Down' (my university anthem), or 'Up the Junction' by Squeeze, or maybe 'Dignity' by Deacon Blue (it reminds me of my dad).

We said one cultural recommendation

OK then, David Bowie – no competition really. The Beatles changed the world but he just kept on ch-ch-changing.

One guilty pleasure

I'm Sorry I Haven't a Clue.

One academic hero

Indiana Jones.

Oh come on!

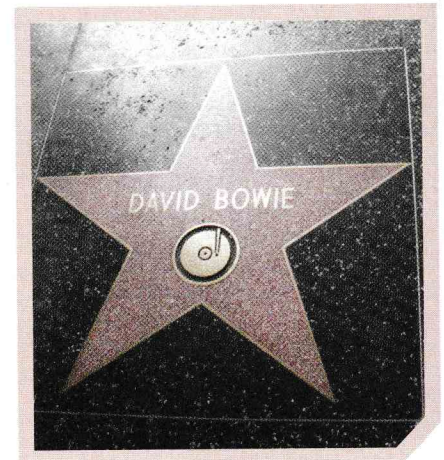
OK, I am fan of Donald Broadbent, but to be fair we all owe a great debt to Aristotle.

One great thing that psychology has achieved

I am still waiting. No point in resting on our laurels just yet.

One thing all psychologists should be concerned about

Mental health and mental health provision. I have lost sleep worrying about this. Put simply there's not enough funding, knowledge or communication (anywhere). Definitions aside (the term,



mental health is highly problematic), we simply don't understand enough about typical mental life, let alone anything else. There are legions of (wonderful) people out there wanting and trying to help, but they're hampered because we know so little and there's so little funding or governmental will (the provision for transition from child-adolescent to adult mental health care is scandalous). People do get better of course and we are making progress, but I think we only see the sharpest end. Most mental health issues remain hidden because of stigma or because it's just about manageable (and ignored). At the very least we (psychologists) have a responsibility to remove the stigma.



Andrew Dunn

is a Senior Lecturer at Nottingham Trent University, with interests Perception, Cognition and Evolution

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CPD Workshops 2016 See p.294

BPS conferences and events See p.295

Psychology of Education Section Annual Conference, Birmingham, 28–29 October 2016 See p.295

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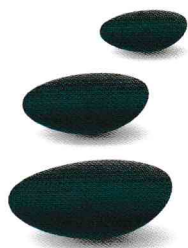
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